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A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
ARIZONA PARENTS FOR EDUCATION INC

Number and street (or P O box, if mail is not delivered to street address) PO BOX 2935	Room/suite
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City or town, state or province, country, and ZIP or foreign postal code
TEMPE, AZ 85280

D Employer identification number

26-2575867

E Telephone number

(866) 696-6829

F Group Exemption Number	Exemption Description	Exemption Status
1	Exemption 1: [Description]	Yes
2	Exemption 2: [Description]	No
3	Exemption 3: [Description]	Yes
4	Exemption 4: [Description]	No
5	Exemption 5: [Description]	Yes
6	Exemption 6: [Description]	No
7	Exemption 7: [Description]	Yes
8	Exemption 8: [Description]	No
9	Exemption 9: [Description]	Yes
10	Exemption 10: [Description]	No
11	Exemption 11: [Description]	Yes
12	Exemption 12: [Description]	No
13	Exemption 13: [Description]	Yes
14	Exemption 14: [Description]	No
15	Exemption 15: [Description]	Yes
16	Exemption 16: [Description]	No
17	Exemption 17: [Description]	Yes
18	Exemption 18: [Description]	No
19	Exemption 19: [Description]	Yes
20	Exemption 20: [Description]	No
21	Exemption 21: [Description]	Yes
22	Exemption 22: [Description]	No
23	Exemption 23: [Description]	Yes
24	Exemption 24: [Description]	No
25	Exemption 25: [Description]	Yes
26	Exemption 26: [Description]	No
27	Exemption 27: [Description]	Yes
28	Exemption 28: [Description]	No
29	Exemption 29: [Description]	Yes
30	Exemption 30: [Description]	No
31	Exemption 31: [Description]	Yes
32	Exemption 32: [Description]	No
33	Exemption 33: [Description]	Yes
34	Exemption 34: [Description]	No
35	Exemption 35: [Description]	Yes
36	Exemption 36: [Description]	No
37	Exemption 37: [Description]	Yes
38	Exemption 38: [Description]	No
39	Exemption 39: [Description]	Yes
40	Exemption 40: [Description]	No
41	Exemption 41: [Description]	Yes
42	Exemption 42: [Description]	No
43	Exemption 43: [Description]	Yes
44	Exemption 44: [Description]	No
45	Exemption 45: [Description]	Yes
46	Exemption 46: [Description]	No
47	Exemption 47: [Description]	Yes
48	Exemption 48: [Description]	No
49	Exemption 49: [Description]	Yes
50	Exemption 50: [Description]	No
51	Exemption 51: [Description]	Yes
52	Exemption 52: [Description]	No
53	Exemption 53: [Description]	Yes
54	Exemption 54: [Description]	No
55	Exemption 55: [Description]	Yes
56	Exemption 56: [Description]	No
57	Exemption 57: [Description]	Yes
58	Exemption 58: [Description]	No
59	Exemption 59: [Description]	Yes
60	Exemption 60: [Description]	No
61	Exemption 61: [Description]	Yes
62	Exemption 62: [Description]	No
63	Exemption 63: [Description]	Yes
64	Exemption 64: [Description]	No
65	Exemption 65: [Description]	Yes
66	Exemption 66: [Description]	No
67	Exemption 67: [Description]	Yes
68	Exemption 68: [Description]	No
69	Exemption 69: [Description]	Yes
70	Exemption 70: [Description]	No
71	Exemption 71: [Description]	Yes
72	Exemption 72: [Description]	No
73	Exemption 73: [Description]	Yes
74	Exemption 74: [Description]	No
75	Exemption 75: [Description]	Yes
76	Exemption 76: [Description]	No
77	Exemption 77: [Description]	Yes
78	Exemption 78: [Description]	No
79	Exemption 79: [Description]	Yes
80	Exemption 80: [Description]	No
81	Exemption 81: [Description]	Yes
82	Exemption 82: [Description]	No
83	Exemption 83: [Description]	Yes
84	Exemption 84: [Description]	No
85	Exemption 85: [Description]	Yes
86	Exemption 86: [Description]	No
87	Exemption 87: [Description]	Yes
88	Exemption 88: [Description]	No
89	Exemption 89: [Description]	Yes
90	Exemption 90: [Description]	No
91	Exemption 91: [Description]	Yes
92	Exemption 92: [Description]	No
93	Exemption 93: [Description]	Yes
94	Exemption 94: [Description]	No
95	Exemption 95: [Description]	Yes
96	Exemption 96: [Description]	No
97	Exemption 97: [Description]	Yes
98	Exemption 98: [Description]	No
99	Exemption 99: [Description]	Yes
100	Exemption 100: [Description]	No

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► WWW.AZPARENTS.ORG

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 93,340

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	93,340
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . .	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	93,340
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	70,650
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	102
	16	Other expenses (describe in Schedule O)	16	14,383
	17	Total expenses. Add lines 10 through 16 ▶	17	85,135
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41,088
20		Other changes in net assets or fund balances (explain in Schedule O)	20	0
21		Net assets or fund balances at end of year Combine lines 18 through 20	21	49,293

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,753	22 25,958
23 Land and buildings		23
24 Other assets (describe in Schedule O)	23,335	24 23,335
25 Total assets	51,088	25 49,293
26 Total liabilities (describe in Schedule O).	10,000	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,088	27 49,293

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section 501(c)

What is the organization's primary exempt purpose?	(3) and 501(c)(4)
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What is the organization's primary exempt purpose?	ADVOCACY FOR VIRTUAL EDUCATION	organizations, optional for
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	others)
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28	See Additional Data Table		
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(Grants \$) If this amount includes foreign grants, check here . . . ☐ 28a

29	29a
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(Grants \$) If this amount includes foreign grants, check here . . . ☐

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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(Grants \$) If this amount includes foreign grants, check here ☐

(Grants \$)	If this amount includes foreign grants, check here		

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ☐ **31a**

32 Total program service expenses (add lines 28a through 31a)	.	.	.	.	.	.	.	.	.	.		32	72,029
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶ AZ		
42a The organization's books are in care of ▶ MARA BENSON Telephone no ▶ (866) 696-6829 Located at ▶ PO BOX 2935 TEMPE, AZ ZIP + 4 ▶ 85280		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	►	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	►	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	►	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2017-05-19 Date	
	MARA BENSON PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KEITH JENNINGS	Preparer's signature	Date	Check ☐ if self-employed PTIN P01319883
	Firm's name ► SNYDER COHN PC			Firm's EIN ► 52-1022232
	Firm's address ► 11200 ROCKVILLE PIKE SUITE 415 NORTH BETHESDA, MD 20852			Phone no. (301) 652-6700

	May the IRS discuss this return with the preparer shown above? See instructions	►	☒ Yes ☐ No
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Additional Data

Software ID:

Software Version:

EIN: 26-2575867

Name: ARIZONA PARENTS FOR EDUCATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 IT IS ARIZONA PARENTS FOR EDUCATION, INC 'S MISSION TO ADVOCATE THE BENEFITS AND IMPORTANCE OF VIRTUAL EDUCATION FOR A WIDE VARIETY OF EDUCATIONAL APPLICATIONS SOME OF THE WAYS WE HAVE ACCOMPLISHED THIS ARE BY MAINTAINING A WEBSITE, PRODUCING A TELEVISION COMMERCIAL AND COMMUNICATING DIRECTLY WITH INTERESTED CITIZENS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	72,029

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: ARIZONA PARENTS FOR EDUCATION INC

EIN: 26-2575867

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA PARENTS FOR EDUCATION INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

26-2575867

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL AMOUNT 3,356 DESCRIPTION BANK FEES AMOUNT 40 DESCRIPTION EVENT EXPENSES AMOUNT 7,635 DESCRIPTION PROJECT EXPENSES AMOUNT 1,038 DESCRIPTION ADVERTISING AMOUNT 2,314 TOTAL TO FORM 990-EZ, LINE 16 14,383

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 23,335 END OF YEAR AMOUNT 23,335

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 10,000 END OF YEAR AMOUNT 0