DLN: 93492071001537 efile GRAPHIC print - DO NOT PROCESS As Filed Data -Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number \square Address change ARIZONATECH INVESTORS 27-1070872 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2824 N POWER ROAD SUITE 113-113 ☐ Final return/terminated (602) 463-0844 City or town, state or province, country, and ZIP or foreign postal code □ Amended return MESA, AZ 85215 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www arizonatechinvestors com **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 67,263 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 31.554 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 98,817 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 60,000 13 13 Professional fees and other payments to independent contractors 1,605 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 50.739 17 Total expenses. Add lines 10 through 16 17 112,344 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -13,527 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 37,223 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 23,696 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		question in this Pa	rt II				
				(A) B	eginning of			(B) End of year
22 Cash, sa	rings, and investments					37,223	-	48,696
	buildings						23	
25 Total as	sets (describe in Schedule O)		⊢			37,223		48,696
	bilities (describe in Schedule O).		`.`.`. ⊢				26	25,000
	ets or fund balances (line 27 of column		-			37,223	-	23,696
Part III	Statement of Program Service	-					/B.	Expenses equired for section 501(c)
ARIZONATEO REVIEW AND REGION Describe the	Check if the organization used Schedule organization's primary exempt purpose? IN INVESTORS (ATI) IS AN ACTIVE COMMON ANALYZE EARLY-STAGE TECHNOLOGY COORGANIZATION'S program service accomplise expenses. In a clear and concise manner.	MUNITY OF ACCREDITE COMPANIES BASED IN	ED INVESTORS W ARIZONA AND TH	HO ME HE GRI	services, as	RLY TO	(3) org	and 501(c)(4) lanizations, optional for lers)
28	nd other relevant information for each pro al Data Table	ogram title						
					_	,		
(Grants \$)	If this amoun	t includes foreign gran	nts, check here .		. ▶ ∟]	28a	
29							29a	
(C	T6 hb. c.				. ▶ □	1		
(Grants \$)	It this amoun	t includes foreign gran	its, check here .	•	. • -		20	
30							30a	
(Cranto t)	If this amoun	t includes foreign gran	ate chack hara		. ┌	1		
(Grants \$)				•	. •			
31 Otner pro (Grants \$)	gram services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·				•	31a	
` ' '	ogram service expenses (add lines 28a					•	31a	42,844
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one even i	f not co	ompensated -	- see the	ınstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	question in this Pa	rt IV.		• •	• •	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC) (if not p	n 199-		ns to en plans, a	nploye and	(e) Estimated amount of other compensation
AMES GOUL	KA	50 00	enter -0-)	0,000				0 0
CEO				,				
ROBERT LA L	OGGIA	1 00		0				0 0
				Ū				
DIRECTOR GEOFFREY O	SSIAS	1 00		0				0 0
	331/13	1 00		Ū				
SECRETARY MICHAEL PA	DDOCK	1 00		0				0 0
	SDOCK	1 00		Ü				0
DIRECTOR	LLED	1.00						0
JAMES SCHE	LLEK	1 00		0				0
TREASURER								
ANN C DAMI	ANO	1 00		0				0
DIRECTOR								
SARA D MOY	A	1 00		0				0
DIRECTOR								
		<u> </u>	<u> </u>					1

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	moducations for fair v / check if the organization about perfectation to any question in this fair v i i	•••	Yes	
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	res	No 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		
С	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			
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	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
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		
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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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
42a	The organization's books are in care of ▶ JAMES GOULKA Telephone no ▶	(602) 4	63-0844	1
	Located at ► 3430 N MOUNTAIN RIDGE 31 MESA, AZ ZIP + 4 ►	8520	17	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ı		
U	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		No
	If "Yes," enter the name of the foreign country			
43 9	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		v	
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	Yes	No 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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	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		
				(2245)

	016)							Page -
							Yes	No
	ganization engage, directly or indirec s for public office? If "Yes," complete					46		No
Part VI Se	ection 501(c)(3) organization	s only				40		NO
All Ch	I section 501(c)(3) organizations leck if the organization used Schedule	must answer quest	ions 47-49b and 53	2, and c	omplete the table	s for lu	nes 50	and 51
<u> </u>	reak in the organization about beheadle	o to respond to any o	question in time rait v	<u> </u>			Yes	No
47 Did the or	rganization engage in lobbying activiti	es or have a section 5	01(h) election in effec	t during	the tax year?			
If "Yes," c	complete Schedule C, Part II					47		
48 Is the org	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E		48		
49a Did the or	rganization make any transfers to an	exempt non-charitable	related organization?	,		49a		
b If "Yes," w	vas the related organization a section	527 organization? .				49b		
	this table for the organization's five hereeived more than \$100,000 of com					and key	employ	ees)
(a) Nan	ne and title of each employee	(b) Average hours per week	(c) Reportable compensation) Health benefits, butions to employee		timated	
		devoted to position	(Forms W-2/1099- MISC)	b	enefit plans, and erred compensation	or our	er comp	- i sacioi
			Miscy	dere	Trea compensation			
				+				
f Total nu	mber of other employees paid over \$	100.000						
	this table for the organization's five h		ndependent contracto	rs who e	ach received more t	han \$10	0.000 of	
	ation from the organization. If there is	none, enter "None "	•					
	(a) Name and business address of e	ach independent contr	actor	(b) Ty	pe of service (c) Comp	ensation	
								_
								_
								_
d Total nu	mber of other independent contractor	s each receiving over	\$100,000					
52 Did the	organization complete Schedule A? N	I OTE. All Section 501(c)(3) organizations m					
52 Did the	·	I OTE. All Section 501(c)(3) organizations m			Ye	es 🗆 N	
52 Did the complete	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m	thedules	and statements, and	d to the	best of	my
52 Did the complete	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m	thedules	and statements, and	d to the	best of	my
Did the complete strowledge and blass any knowledge.	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m	thedules	and statements, and on all information	d to the	best of	my
Did the complete strowledge and blass any knowledge. Sign Here	organization complete Schedule A? Noted Schedule A	IOTE. All Section 501(c)(3) organizations m	thedules	and statements, and on all information	d to the	best of	my
Did the complete strowledge and blass any knowledge. Sign Here	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, and on all information 2017-03-09 Date PTIN	d to the	best of	my
Did the complete showledge and blass any knowledge showledge and blass any knowledge showledge s	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, and on all information 2017-03-09 Date Check if PTIN P0008 self-employed	d to the of which	best of	my
Did the complete properties of the complete prop	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, and on all information 2017-03-09 Date Check ☐ if PTIN P0008 self-employed Firm's EIN ▶ 41-0746	d to the of which	best of	my
Did the complete strong the strong term of the complete st	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, and on all information 2017-03-09 Date Check if PTIN P0008 self-employed	d to the of which	best of	my
Did the complete strong the strong that the st	organization complete Schedule A? Neted Schedule A	IOTE. All Section 501(c)(3) organizations m ding accompanying so rer (other than office	chedules	and statements, and on all information 2017-03-09 Date Check ☐ if PTIN P0008 self-employed Firm's EIN ▶ 41-0746	d to the of which	best of	my

Additional Data

Software ID:

Software Version:

EIN: 27-1070872

Name: ARIZONATECH INVESTORS

Expenses

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.	(c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
THE ORGANIZATION HELD 7 MEETINGS DURING THE YEAR, AT WHICH NUMEROUS ARIZONA DEVELOPMENTAL STAGE COMPANIES PRESENTED THEIR BUSINESS IDEAS AND FUNDING REQUIREMENTS THE COMPANIES OBTAIN FEEDBACK FROM MEMBERS IN AN EFFORT TO STRENGTHEN BUSINESS IN THE COMMUNITY AND THEIR ORGANIZATIONS	28a	42,844		
(Grants \$ 0) If this amount includes foreign grants, check here • \Box				

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

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

	, ,		ior others.)
29		29a	0
ARIZONATECH INVESTORS	ORGANIZED A REGIONAL ANGEL CONFERENCE IN ASSOCIATION WITH THE ANGEL		
CAPITAL ASSOCIATION, TH	IE ROCKY MOUNTAIN VENTURE CAPITAL ASSOCIATION, INVEST SOUTHWEST, AND		
ARIZONA STATE UNIVERSI	TY IT SERVED AS THEIR FALL EDUCATION PROGRAM		
(Grants \$ 0)	If this amount includes foreign grants, check here $ ightharpoonup$		

DLN: 93492071001537 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: ARIZONATECH INVESTORS **EIN:** 27-1070872 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.

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Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93492071001537

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

4

5

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	section 50 f(c)(5) organizations that have lifed Form 5766 (election under section 50 f(n)). Complete Pa						
• 5	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Comple	ete Part II-B D	o not	complete Pa	art II-A		
If the	organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instruction	ns) or Form 9	90-EZ	, Part V, lin	e 35c		
(Pro	xy Tax) (see separate instructions), then	,					
•	Section 501(c)(4), (5), or (6) organizations Complete Part III						
	ne of the organization	Employer identification number					
	ZONATECH INVESTORS		· · · · · · ·				
		27-1070872					
Par	I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 orga	nizat	tion.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV						
2	Political expenditures	>	\$				
3	Volunteer hours		_				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$_				
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$_				
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ No		
4a	Was a correction made?			☐ Yes	□ No		
ь	If "Yes," describe in Part IV						

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization fileForm 1120-POL for this year? ☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and directly delivered to a -0separate political organization If none,

enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -		DLI	N: 93492071001537
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplement Complete to pro Form 990 or Form 990 or			vide information fo r 990-EZ or to prov ▶ Attach to Form Schedule O (Form	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ, 990 or 990-EZ) and its instru v/form990.	ons on n.	OMB No 1545-0047 2016 Open to Public Inspection
Name of the org ARIZONATECH INV	/ESTORS	emental Informatio	n		27-1070872	ntification number
Return Reference				Explanation		
FORM 990- EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPT	ION SPONSORSHIP A	MOUNT 31,554			

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MANAGEMENT FEES AMOUNT 7,895 DESCRIPTION ADVERTISING AND PROMOTION AMOUN T 3,604 DESCRIPTION OFFICE EXPENSES AMOUNT 129 DESCRIPTION MEETING EXPENSES AMOUNT 31,590 DESCRIPTION ALLIANCE FEES AMOUNT 1,692 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1,559 DESCRIPTION EDUCATIONAL PROGRAMS AMOUNT 4,270 TOTAL TO FORM 990-EZ, LIN E 16 50,739

Return Explanation

990 Schedule O, Supplemental Information

LIABILITIES

FORM 990- DESCRIPTION DUE TO SIMPLEWAN INVESTORS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 25,000 EZ, PART II, LINE 26 - OTHER