ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	N: 93492319086018
				Shor	t Form				OMB No 1545-1150
	0	90-EZ	Return of O	rganization l		rom Ir	come -	Гау	
For	m J	30-EZ		•	•				. 2017
•			Under section 501(c), 527,	or 4947(a)(1) of the I	internal Revenue	Code (exc	ept private fo	undations)
			▶ Do not enter so	ocial security number	s on this form a	s it mav b	e made pub	lic.	
Den	artmen	t of the Treasury	► Information about			=	-		Open to Public
-		venue Service							Inspection
			ar year, or tax year begin	ning 01-01-2017	, and en	iding 12-	31-2017		
		ıf applıcable s change	C Name of organization SHRINERS INTERNATIONAL					D Employ	yer identification number
		change -	CALAM SHRINERS					82-009	3850
_	Initial r	-	Number and street (or P O be 1122 18TH AVENUE	ox, if mail is not delivered	l to street address)	Room/suit	e	E Telepho	ne number
	Final re	eturn/terminated		t					
_		ed return	City or town, state or provinc LEWISTON, ID 83501	e, country, and ZIP or for	eign postai code		I	F Group E	exemption
Ц,	Applica	ition pending						Number	•
							H Check ▶	. [7] :f+b	e organization is not
G A	ccour	nting Method 🛛	Cash	specify) ►					Schedule B
						- 1			Z, or 990-PF)
		te: CALAMSHRINE	ERS COM only one) - □ 501(c)(3) ☑ 501((s)/ 10) 4 /(nsort no.) []	4047(a)(1) or □	<u> </u>			
		<u> </u>			4947(a)(1) 01 L	327			
		-	Corporation ☐ Trust ☐ As						
			to line 9 to determine gross Form 990 instead of Form						
	art I		Expenses, and Change						
	aiti	Check if the	organization used Schedule	O to respond to any o	uestion in this P	Part I		ons for Par	
	1		ufts, grants, and similar amo						52,303
	2	Program service	revenue including governm	ent fees and contract	s			2	
	3	-	es and assessments					3	
	4	Investment inco	ome			•		4	25
	5a	Gross amount fi	rom sale of assets other tha	n inventory	. 5a				
	b		her basis and sales expense	,	5b				
	c		om sale of assets other than		line 5b from line	5a)			
	6	Gaming and fun		, , , , , , , , , , , , , , , , , , , ,		,			
2 ا	а	_	om gaming (attach Schedul	e G if greater than \$1	5,000) 6a				
Revenue				-				-	
2	b		om fundraising events (not nts reported on line 1) (atta		of con	itributions	from		
-		-	ess income and contributions		ј 6ь		92,4	36	
	С	_	enses from gaming and fun		6c		69,2		
	d	•	loss) from gaming and fund	-		d subtract		6d	23,197
	и 7а	,	nventory, less returns and a	• '		u subtract	inie ocj	 	23,137
	b	Less cost of go	•					0	
		2	loss) from sales of inventor					_	
	C	. ,	describe in Schedule O)	y (Subtract line 7b inc	om ime /a)			7c 8	
	8	`	•	7 0					75.535
\dashv	9		. Add lines 1, 2, 3, 4, 5c, 6d					9	75,525
	10		lar amounts paid (list in Sch	ledule O)				10	
	11		or for members					11	15.402
505	12	•	compensation, and employe					12	15,493
Expenses	13		s and other payments to inc	·				13	
Exp	14		t, utilities, and maintenance					14	_
-	15		ations, postage, and shipping					15	
	16	•	(describe in Schedule O)					16	56,369
_	17	•	s. Add lines 10 through 16					17	71,862
ام	18	-	it) for the year (Subtract lin	•				18	3,663
Assets	19		nd balances at beginning of		olumn (A)) (must	t agree wi	th		
A.		end-of-year figu	ire reported on prior year's	return)				19	289,993
ž	20	Other changes I	n net assets or fund balance	es (explain in Schedul	e O)			20	
	21	Net assets or fu	nd balances at end of year	Combine lines 18 thro	ough 20	<u> </u>		21	293,656
For	Pane	erwork Reduction	on Act Notice, see the ser	arate instructions.		Cat N	o 10642I		Form 990-EZ (2017)

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		uestion in this	Part II			
					eginning of year		(B) End of year
22 Cash, sa	vings, and investments		((11) 2	272,366	22	290,625
23 Land and	d buildings		[23	
24 Other as	sets (describe in Schedule O)		[45,230	24	24,483
	ssets		[317,596	25	315,108
26 Total lia	abilities (describe in Schedule O)				27,603	26	21,452
	ets or fund balances (line 27 of column	<u> </u>			289,993	27	293,656
Part III	Statement of Program Service And Check if the organization used Schedule	•			rt III)	l (Re	Expenses quired for section 501(c)
What is the	organization's primary exempt purpose?			rait III		(3)	and 501(c)(4) anizations, optional for
	OPIC FRATERNITY WITH A FOCUS OF PRO corganization's program service accompli			program	cervices as		ers)
measured b	y expenses. In a clear and concise manne nd other relevant information for each pr	er, describe the service					
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	it includes foreign gran	nts check here		▶ □	28a	
29	II this amoun	it includes foreign gran	its, check here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	29a	
(Grants \$)	If this amour	nt includes foreign gran	nts check here		. ▶ □		
30	I diis diiledi	- Treiducs Foreign gran	res, effect fiere		· , _	30a	
30						304	
(Grante &)	If this amoun	it includes foreign gran	ts shock here		▶ □		
(Grants \$)			its, check here		. • 🗆	\perp	
•	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign gran			. ▶ ⊔	31a	14.004
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,				mnensated — see the	32	14,994
Paitty	Check if the organization used Schedule						
		1			1		les
	(a) Name and title	(b) Average hours per week	(c) Report compensa		(d) Health bene		(e) Estimated amount e of other compensation
		devoted to position	(Forms W-2,	/1099-	benefit plans,	and	e or other compensation
			MISC) (if no enter -0		deferred compen	sation	
TIM KRUEGE	ER .	0 50	cinci c	0			
-							
Treasurer GEORGE LIC	VENCTAEE	0 25		0			
GLONGE LIC	INCHO IAIT	0 23		· ·			
RECORDER							
DAVE GARN	ETT	0 25		0			
POTENTAT							
иноц инор	SON	0 25		0			
CHIEF RABB	AN						
KIRK ROSS		0 25		0			
ASST RABBA	AN.						
IM LOGAN	3/V	0 25		0			
	_	0 23		ŭ			
HIGH PRIES		0.25					
PAT WATERS	•	0 25		0			
ORIENTAL G	UIDE						
							1
							1
							<u> </u>

Pa	rt V 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		🗆	
			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		No
	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	30		110
b	Did the organization file Form 1120-POL for this year?	37b		No
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
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
	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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ TIM KRUEGER Telephone no ▶ (208) 7	43-6916	5
	Located at ▶ 1122 18TH AVENUE LEWISTON, ID ZIP + 4 ▶	8350	1	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	Г	1	
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 ▶			
	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 ?	42c		No
·		720		
	If "Yes," enter the name of the foreign country			
	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		Yes	No No
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
С	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		No
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	4=,		No
	Form 990-EZ (see instructions)	45b		No

	Z (2017)						Page
						Yes	No
	e organization engage, directly or indirect dates for public office? If "Yes," complete				46		No
Part VI	Section 501(c)(3) organization	s only			40		INO
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest	ions 47-49b and 52	, and complete the tabl	es for lu	nes 50	and 5
	Check if the organization used Schedule	O to respond to any c	question in this Part VI			Yes	No
47 Did th	ie organization engage in lobbying activiti	es or have a section 5	01(h) election in effec	t during the tax year?			
	s," complete Schedule C, Part II		* *		47		
48 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E	48		
49a Did th	e organization make any transfers to an e	exempt non-charitable	related organization?		49a		
b If "Yes	s," was the related organization a section	527 organization? .			49b		
	lete this table for the organization's five heach received more than \$100,000 of com				and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		tımated	
		hours per week devoted to position	compensation (Forms W-2/1099-	benefit plans, and		er comp	ensatio
			MISC)	deferred compensation			
NONE							
f Tota	l number of other employees paid over \$	100,000		· · · · · •			
	lete this table for the organization's five hensation If there is		ndependent contractor	s who each received more	than \$10	0,000 o	f
Compe	(a) Name and business address of e	·	actor	(b) Type of service (c) Comp	ensation	
NONE							
							_
							_
							<u> </u>
d Tota	Il number of other independent contractor	s each receiving over	\$100,000				
52 Dıd	the organization complete Schedule A? N	OTE. All Section 501(c)(3) organizations m		No.		
52 Did com	the organization complete Schedule A? N ppleted Schedule A	OTE. All Section 501(c)(3) organizations m			es 🗆 N	
52 Did com Jinder penalt	the organization complete Schedule A? N ppleted Schedule A	OTE. All Section 501(c)(3) organizations m	hedules and statements, a	nd to the	best of	my
52 Did com Jinder penalt	the organization complete Schedule A? N ppleted Schedule A	OTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all informatio	nd to the	best of	my
Jnder penalt	the organization complete Schedule A? N ppleted Schedule A	OTE. All Section 501(c)(3) organizations m	hedules and statements, a	nd to the	best of	my
52 Did com Under penalt chowledge a las any know	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge ****** Signature of officer TIM KRUEGER Treasurer	OTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all informatio	nd to the	best of	my
52 Did com Under penalt chowledge a las any know	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer TIM KRUEGER Treasurer Type or print name and title Print/Type preparer's name	OTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all informatio 2018-11-15 Date	nd to the	best of	my
Inder penalt nowledge a las any know	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer TIM KRUEGER Treasurer Type or print name and title Print/Type preparer's name PHILIP J NUXOLL	IOTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all informatio 2018-11-15 Date Check if self-employed	nd to the n of whice	best of	my
Jnder penalt knowledge a las any knowledge a l	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge ******* Signature of officer TIM KRUEGER Treasurer Type or print name and title Print/Type preparer's name PHILIP J NUXOLL Firm's name Presnell Gage PLLC	IOTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all information 2018-11-15 Date Check if self-employed Firm's EIN 20-194	nd to the n of which	best of	my
Jnder penalt knowledge a nas any know Sign Here	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer TIM KRUEGER Treasurer Type or print name and title Print/Type preparer's name PHILIP J NUXOLL Firm's name Presnell Gage PLLC Firm's address 1216 Idaho Street	IOTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all informatio 2018-11-15 Date Check if self-employed	nd to the n of which	best of	my
52 Did com	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge ******* Signature of officer TIM KRUEGER Treasurer Type or print name and title Print/Type preparer's name PHILIP J NUXOLL Firm's name Presnell Gage PLLC	IOTE. All Section 501(c)(3) organizations m	hedules and statements, a) is based on all information 2018-11-15 Date Check if self-employed Firm's EIN 20-194	nd to the n of which	best of	my

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 82-0093850

Name: SHRINERS INTERNATIONAL

CALAM SHRINERS

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

Describe the organization's properties, as measured by expension of persons benefited,	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)						
	28 PROVIDE TRANSPORTATION FOR CHILDREN AND THEIR FAMILIES TO SHRINERS SHOPITALS AS NEEDED WILL CONTINUE TO PROVIDE THIS SERVICE						
(Grants \$ 14,994)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319086018 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** SHRINERS INTERNATIONAL CALAM SHRINERS 82-0093850 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **CIRCUS ONIONS** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 56,134 22,752 13,550 92,436 2 Less Contributions. 3 Gross income (line 1 minus 56,134 22,752 13,550 92,436 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 42,234 14,295 12,710 69,239 10 Direct expense summary Add lines 4 through 9 in column (d) 69,239 11 Net income summary Subtract line 10 from line 3, column (d) . . . 23,197 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3					
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	Y	□Yes	□No						
13	Indicate the percentage of gaming acti	vity conducted in									
а	The organization's facility		13	а		%					
b	An outside facility		13	ь		%					
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s							
	Name ►										
	Address •										
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No						
b		evenue received by the organization > \$ a the third party > \$	and the								
c	If "Yes," enter name and address of the	e third party									
	Name ▶										
	Address ►										
16	Gaming manager information										
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ►										
	☐ Director/officer	☐ Employee ☐ Independent contractor									
17	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио						
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	03							
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				<u> </u>					
	Return Reference	Explanation									

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS							
O Supple	ment	tal Informatio	OMB No 1545-0047				
90- Comple Foi ▶ Informati	te to pro rm 990 c	ovide information fo or 990-EZ or to prov ▶ Attach to Forn t Schedule O (Form	on for responses to specific questions on provide any additional information. Form 990 or 990-EZ. Form 990 or 990-EZ) and its instructions is at				
				Employer identification number 82-0093850			
O, Supplemental Info	rmatio	n					
			Explanation				
Depreciation \$3383							
	90- Complete For State Property Proper	90- Complete to pro Form 990 of Form 990	On Complete to provide information fo Form 990 or 990-EZ or to provide information form 990 or 990-EZ or to provide information information about Schedule O (Form www.irs.go	Complete to provide information for responses to specific quest 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 instruction Explanation O, Supplemental Information Explanation	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. Employer identification O, Supplemental Information Explanation Explanation		

990 Schedule O, Supplemental Information Return Explanation Reference

Other HOSPITAL AND PATIENT TRANS \$9996 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 2 IMPERIAL COUNCIL \$9923

990 Schedule O, Supplemental Information Return Explanation Reference Other INSURANCE \$8527

Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other UNREALIZED LOSS \$6625

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other DIVAN EXPENSE \$3593
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other PR \$2680 Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other **RENT \$2400** Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference Other CLARIONS \$1954 Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other UNIT AND CLUB EXPENSES \$1465
Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other **QUARTERLY MEETINGS \$923**

Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other IMPERIAL SESSION \$900

Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other POSTAGE AND SHIPPING \$850

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other TRAVEL ALLOWANCE \$800
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other TELEPHONE \$752
Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

VISITATIONS \$530

Other Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference

Other **OFFICE AND EQUIPMENT \$446** Expenses 16

990 Schedule O, Supplemental Information Return Explanation Reference Other **DUES \$383**

Expenses 17

990 Schedule O, Supplemental Information Return Explanation Reference

Other OFFICE SUPPLIES \$186
Expenses 18

990 Schedule O, Supplemental Information Return Explanation Reference

Other PRINTING AND STAIONERY \$33
Expenses 19

990 Schedule O, Supplemental Information Return Explanation Reference

INITIATION FEES \$20

Other Expenses 20

990 Schedule O, Supplemental Information

Return Explanation

Reference
Other Automobiles - Beginning \$6056 Automobiles - Ending \$5047

Assets 1001

Return Explanation

Reference

Other
Assets 1003

Machinery and Equipment - Beginning \$21560 Machinery and Equipment - Ending \$19186

Return Explanation

Assets 1005

Return Explanation

Reference
Other Assets 1010
Inventories - Beginning \$250 Inventories - Ending \$250

990 Schedule O, Supplemental Information

Return Explanation

Reference
Other OTHER ASSETS - Beginning \$3414 OTHER ASSETS - Ending \$0
Assets 1

Return Explanation

Reference	
Total	Accounts Payable and Accrued Expenses - Reginning \$27603 Accounts Payable and Accrued Expenses - Ending \$0

Liabilities 1001

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explanation
Total	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$21452

Liabilities 1003