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Form

990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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/form990ez](http://www.irs.gov/form990ez).

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NARAL Pro-Choice Missouri

Number and street (or P O box, if mail is not delivered to street address) Room/suite

1210 S Vandeventer

City or town, state or province, country, and ZIP or foreign postal code

Saint Louis, MO 63110

D Employer identification number

43-1044264

E Telephone number

(314) 531-8616

F Group Exemption Number

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.prochoicemissouri.org](http://www.prochoicemissouri.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

\$ 155,994

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1	112,381		
	2	Program service revenue including government fees and contracts . . . . .		2	0		
	3	Membership dues and assessments . . . . .		3	0		
	4	Investment income . . . . .		4	0		
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		5c	0	
	b	Less cost or other basis and sales expenses . . . . .	5b	0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .					
	6	Gaming and fundraising events				6d	-1,578
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0			
	b	Gross income from fundraising events (not including \$ 43,233 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	42,752		
c	Less direct expenses from gaming and fundraising events . . . . .	6c	44,330				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	787	7c	148		
b	Less cost of goods sold . . . . .	7b	639				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						
8	Other revenue (describe in Schedule O) . . . . .		8	74			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 		9	111,025			
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .		10	22,500		
	11	Benefits paid to or for members . . . . .		11			
	12	Salaries, other compensation, and employee benefits . . . . .		12	40,943		
	13	Professional fees and other payments to independent contractors . . . . .		13	1,463		
	14	Occupancy, rent, utilities, and maintenance . . . . .		14	4,924		
	15	Printing, publications, postage, and shipping . . . . .		15	10,373		
	16	Other expenses (describe in Schedule O) . . . . .		16	12,798		
17	Total expenses. Add lines 10 through 16 . . . . . 		17	93,001			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	18,024		
	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	51,164		
	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	69,188		

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

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

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	No
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ LEAH BOERSIG Telephone no ▶ (314) 531-8616 Located at ▶ 1210 S Vandeventer St Louis, MO ZIP + 4 ▶ 63110 . . . . .		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 . . . . . ►

**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. . . . . ►

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ **Yes** ☐ **No**

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.

<b>Sign Here</b>	***** Signature of officer	2018-08-11 Date
	LEAH BOERSIG BOARD CHAIR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name CINDY FULTON	Preparer's signature	Date 2018-12-21	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01066528
	Firm's name ► Cindy Fulton CPA LLC			Firm's EIN ►	
	Firm's address ► 3270 Ivanhoe Ave St Louis, MO 631392246			Phone no. (314) 644-2700	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ **Yes** ☐ **No**

Additional Data

Software ID:  
Software Version:  
EIN: 43-1044264  
Name: NARAL Pro-Choice Missouri

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.)	
<div>28 SEE STATEMENT ATTACHED</div> <div>(Grants \$ 22,500)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	63,735

**Form 990EZ, 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. . . . . ☐

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
LEAH BOERSIG Chair (part-year)	3 00	0		
JANE BOGETTO Chair (part-year)	2 00	0		
LISA CLANCY PART-YEAR Secretary	1 50	0		
HELEN NELLING PART-YEAR Treasurer	1 50	0		
JASON LANE Board member	5 00	0		
DENISE LIEBERMAN PART-YEAR Secretary	0 50	0		
KEVIN SELTZER Vice chair (part-year)	2 00	0		
SHERRI MCCANN Board member	0 50	0		
SUSAN CARLSON PART-YEAR Board member	0 50	0		
KRISTEN WEBER PART-YEAR Board member	1 00	0		
LAUREN NACKE PART-YEAR Board member	1 00	0		
DAMON HAYMER PART-YEAR Board member	1 00	0		
ELEANOR SAFE PART-YEAR Board member	0 50	0		
ALISON DREITH Exec director (see Sch O)	18 00	62,081	3,595	



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Dinner (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	85,985			85,985
	<b>2</b> Less Contributions . . . . .	43,233			43,233
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	42,752			42,752
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	27,888			27,888
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	16,442			16,442
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				44,330
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-1,578

**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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_



<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NARAL Pro-Choice Missouri

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

43-1044264

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other	Pt I, line 12 - The organization shares staff, facilities, and some overhead expenses with another tax-exempt organization. Most of the expenses are paid by this organization and are reimbursed by the other for its share of expenses based on time spent on projects or other reasonable method. This organization paid and reported the total of salary/wages of the shared staff under its Federal ID number. The expense total listed on line 12 is only the organization's remaining portion of the shared expenses.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other	The executive director's salary for the calendar year 2017 was \$62,081 (per Pt IV, column c) The organization's portion of that expense for the fiscal year was \$19,489, included on line 12, Pt I The E D 's retirement benefit for calendar 2017 was \$1,869 (per Pt IV, column c) The organization's portion of that expense for the fiscal year was \$595, included on line 12, Pt I

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other	There were 690 individuals in this fiscal year who provided 1,575 of volunteer hours for the organization

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other	<p>Pt 1, line 6d - More often than not, there is a loss on line 6d since the fair market value of tickets and other event revenue (raffles, silent auctions, etc ) is less than the direct costs Expenses for postage and printing of invitations, program printing, and other costs are not part of the FMV of the ticket price so become expenses not offset by revenue on line 6b If you include the contributions received for the event on line 6b, the contributions (sponsorships, ticket prices in excess of FMV of the value received, etc ), FMV of tickets, and other revenue total \$85,985 The total revenue less expenses resulted in net income from the event of \$41,655 Contributions must be separated from FMV of ticket costs per instructions</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	Miscellaneous 74

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 10	SUPPORT OF PETITION CAMPAIGN, SUPPORT FOR CANVASSERS, CLEAN MISSOURI 5114 CHOUTEAU'S BLUFF DRIVE, S

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 10	TO SUSTAIN ORGAN THAT WORKS WITH OTHER ORGAN IN DEVOLOPING STRATEGIC VOTER ENGAGEMENT PLANS , VOTE



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Information technology 766

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Bank & credit card chgs 2377

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Travel and mileage reimbursements 4349

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Promotion 1634

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Lobbying costs 511

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Equipment rental 568

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Other 2593

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Accounts Receivable 49131 62871



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Rent deposit 1300 1300

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Prepaid insurance 961 2154

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Prepaid expenses - other 945

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Accounts payable 1309 409

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Accrued salaries 0 3492

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Accrued vacations 1731 1457

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Payroll taxes payable 5636 2192

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Sales tax payable 532