

Form 990EZ

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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
Society for Information Management  
Portland Chapter  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
818 SW 3rd Ave PMB 112  
City or town, state or province, country, and ZIP or foreign postal code  
Portland, OR 97204

**D** Employer identification number  
93-1316927  
**E** Telephone number  
(971) 258-2499  
**F** Group Exemption Number  
3701

**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.simnet.org](http://www.simnet.org)

**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (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. \$ 124,309

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	89,447	
	2	Program service revenue including government fees and contracts . . . . .		2		
	3	Membership dues and assessments . . . . .		3	30,043	
	4	Investment income . . . . .		4	89	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		5c	
	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) . . . . .		5c		
	6	Gaming and fundraising events			6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ 71,647 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <input checked="" type="checkbox"/> . . . . .		6b		4,730
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	42,034		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		-37,304
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a			7c
b	Less cost of goods sold . . . . .	7b	0			
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	82,275		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .		10	85,600	
	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	2,017	
	14	Occupancy, rent, utilities, and maintenance . . . . .		14		
	15	Printing, publications, postage, and shipping . . . . .		15		
	16	Other expenses (describe in Schedule O) . . . . .		16	55,900	
	17	Total expenses. Add lines 10 through 16 . . . . .		17	143,517	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	-61,242	
	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	136,004	
	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	74,762	

**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
<b>22</b> Cash, savings, and investments . . . . .	136,004	<b>22</b> 74,762
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> Total assets . . . . .	136,004	<b>25</b> 74,762
<b>26</b> Total liabilities (describe in Schedule O). . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,004	<b>27</b> 74,762

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?  
Leadership development of members

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 )
<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> See Additional Data Table	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	49,235

**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. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brad Denney	2 00	0		
Education				
Bill Malone	2 00	0		
Treasurer				
Bud Borja	2 00	0		
Secretary				
Pradeep Kumar	2 00	0		
Past President				
Tracey Humphreys	2 00	0		
Marketing Dir				
Mark Wehrmeister	2 00	0		
President				
Richard Appleyard	2 00	0		
Program Dir				
John Boone	2 00	0		
Membership Dir				
Lisa Harper	2 00	0		
Meeting/Events				
Dana Jiacoletti	2 00	0		
Asst. Treasurer				
John Pierce	2 00	0		
Trustee				

**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>	No
<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>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>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<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>	
<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 ▶ Tatyana Corban Telephone no ▶ (971) 258-2499 . . . . .		
Located at ▶ 818 SW 3rd Ave PMB 112 Portland , OR ZIP + 4 ▶ 972042405 . . . . .		
<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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .		
<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>	No
<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

	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	
b 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
NONE				

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
NONE		

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.

Sign Here	***** Signature of officer		2019-11-14 Date	
	Tatyana Corban, Treasurer Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Thomas L Strong	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00443464
	Firm's name ▶ YOUNG AND COMPANY CPAS			Firm's EIN ▶ 46-4051621
	Firm's address ▶ 11200 SW ALLEN BLVD STE 100 BEAVERTON, OR 970054823			Phone no. (503) 646-4800

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

Additional Data

Software ID: 18007218  
Software Version: 2018v3.1  
EIN: 93-1316927  
Name: Society for Information Management  
Portland Chapter

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</div> <div>DEVELOP LEADERSHIP SKILLS TO FURTHER EXTEND THEIR PROFESSIONAL NETWORKS AND TO BRING ADDITIONAL RESOURCES TO PLAY IN THE NEVER ENDING CHALLENGES OF PROFESSIONAL AND PERSONAL GROWTH</div> <div>(Grants \$ 12,833)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		<div>28a</div>

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>29</div> <div>MEETINGS TO PROVIDE FORUM FOR ALL ASPECTS OF INFORMATION MANAGEMENT INCLUDING PRESENTATIONS BY LEADING PROFESSIONALS AND AN OPPORTUNITY TO EXCHANGE IDEAS CONCERNING INFORMATION MANAGEMENT</div> <div>(Grants \$ 36,402)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div>



**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)
		<u>Golf Tournament</u> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	76,377			76,377
	<b>2</b> Less Contributions . . . . .	71,647			71,647
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	4,730			4,730
Direct Expenses	<b>4</b> Cash prizes . . . . .	200			200
	<b>5</b> Noncash prizes . . . . .	13,788			13,788
	<b>6</b> Rent/facility costs . . . . .	12,400			12,400
	<b>7</b> Food and beverages . . . . .	5,999			5,999
	<b>8</b> Entertainment . . . . .	630			630
	<b>9</b> Other direct expenses . . . . .	9,017			9,017
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				42,034
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-37,304

**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))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<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

<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b> <b>Open to Public Inspection</b>
Department of the Treasury Name of the organization Society for Information Management Portland Chapter		Employer identification number 93-1316927

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 3	Class of Activity SCHOLARSHIP FUND   Donee's Name University of Portland   Donee's Address 5000 N Willamette Blvd Portland OR 97203   Relationship of Donee NONE   Cash Amount Given \$22500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity SCHOLARSHIP FUND   Donee's Name WASHINGTON STATE UNIVERSITY FOUNDATION   Donee's Address 14204 NE SALMON CREEK AVE VANCOUVER WA 98686   Relationship of Donee NONE   Cash Amount Given \$22500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 6	Class of Activity SCHOLARSHIP FUND   Donee's Name OREGON STATE UNIVERSITY   Donee's Address 2571 SW Jefferson Way CORVALLIS OR 97331   Relationship of Donee NONE   Cash Amount Given \$40000

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$32

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1005	Travel \$2810

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1	MEETING NIGHT EXPENSES \$36402

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 2	BOARD EXPENSES \$12833



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 3	MARKETING \$2466

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 4	CREDIT CARD FEES \$1307

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 5	LICENSES & FEES \$50