

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 for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending
C Name of organization
ROTARY CLUB OF CLEARWATER INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 822
City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33757
D Employer identification number
59-0996540
E Telephone number
(727) 510-4812
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.CLEARWATERROTARY.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. **\$ 129,726**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	37,454
	2	Program service revenue including government fees and contracts	2	59,919
	3	Membership dues and assessments	3	24,972
	4	Investment income	4	133
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	-2,164
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ 6,587 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	6c	Less direct expenses from gaming and fundraising events		
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,314
	10	Grants and similar amounts paid (list in Schedule O)	10	29,984
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	18,400
	13	Professional fees and other payments to independent contractors	13	925
	14	Occupancy, rent, utilities, and maintenance	14	577
Net Assets	15	Printing, publications, postage, and shipping	15	211
	16	Other expenses (describe in Schedule O)	16	51,858
	17	Total expenses. Add lines 10 through 16	17	101,955
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,359
	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	89,099
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	107,458

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	87,197	22	94,126
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,164	24	17,558
25 Total assets	93,361	25	111,684
26 Total liabilities (describe in Schedule O).	4,262	26	4,226
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,099	27	107,458

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?
ROTARY CLUB OF CLEARWATER IS A CIVIC ORGANIZATION OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE WITH THE NET EARNINGS DEVOTED TO CHARITABLE, EDUCATIONAL, AND RECREATIONAL PURPOSES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28
See Additional Data Table

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

28a

29
See Additional Data Table

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

29a

30
See Additional Data Table

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

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32 79,179

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
JASON ZELENAK	2 00	0	0	0
PRESIDENT				
STEPHEN R FOWLER	2 00	0	0	0
VICE PRESIDENT				
ANDREW M DENIS	2 00	0	0	0
SECRETARY				
CRAIG A GILMAN	2 00	0	0	0
TREASURER				
BART AMEY	2 00	0	0	0
DIRECTOR				
SANDRA AYERS	2 00	0	0	0
DIRECTOR				
ROBERT A BURWELL JR	2 00	0	0	0
DIRECTOR				
ROBERT CHILDRESS	2 00	0	0	0
DIRECTOR				
JAMES CLARK	2 00	0	0	0
DIRECTOR				
PAUL N DOUGLASS	2 00	0	0	0
DIRECTOR				
RICHARD D GREEN	2 00	0	0	0
DIRECTOR				
SCOTT K HALE	2 00	0	0	0
DIRECTOR				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶ FL		

42a The organization's books are in care of ▶ DEWEY WILLIAMS Telephone no ▶ (727) 224-6494

Located at ▶ PO BOX 822 CLEARWATER , FL ZIP + 4 ▶ 33757

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	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
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

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

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

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

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

Sign Here	***** Signature of officer	2020-05-08 Date	
	ANDREW DENIS, PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name PAUL DUNHAM	Preparer's signature	Date
	Firm's name ► CBIZ MHM LLC	Firm's EIN ► 27-3605969	Check ☐ if self-employed PTIN P00100222
	Firm's address ► 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539	Phone no. (727) 572-1400	

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

Software ID:
Software Version:
EIN: 59-0996540
Name: ROTARY CLUB OF CLEARWATER INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 YOUTH SCHOLARSHIP PROGRAM - EACH YEAR, SENIORS AT CLEARWATER HIGH SCHOOL RECEIVE \$1,000 SCHOLARSHIPS FOR CONTINUING POST-SECONDARY EDUCATION COSTS THE SCHOLARSHIPS ARE GRANTED TO YOUTH WHO HAVE DEMONSTRATED EXCEPTIONAL CHARACTER AND RESILIENCE WHILE SUCCEEDING DESPITE THE ODDS IN DIFFICULT HOMES, HEALTH, OR OTHER CIRCUMSTANCES MANY STUDENTS WHO WIN THESE SCHOLARSHIPS ARE THE FIRST MEMBERS OF THEIR FAMILY TO ATTEND COLLEGE (Grants \$ 5,602) If this amount includes foreign grants, check here . . . ☐	28a	5,602

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.)
29 CHARITY APPROPRIATIONS - FUNDING FOR THE PURPOSE OF SUPPORTING OTHER LOCAL CHARITABLE ORGANIZATIONS THROUGH AFFILIATED ORGANIZATION ROTARY CLUB OF CLEARWATER CHARITIES, INC (Grants \$ 10,000) If this amount includes foreign grants, check here . . . ☐	29a 10,000

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.)
30 WEEKLY CLUB MEETINGS, LUNCHES, AND FELLOWSHIP MEETINGS - FUNCTIONS OF THE ORGANIZATION TO BRING MEMBERS TOGETHER TO FORMULATE DIFFERENT CIVIC ACTIVITIES AND WAYS TO RAISE FUNDS FOR THE SUPPORT OF LOCAL CHARITABLE ORGANIZATIONS (Grants \$ 14,382) If this amount includes foreign grants, check here . . . ☐	30a 63,577

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.)
LITERACY PROGRAM IN LOCAL SCHOOLS PROVIDES FUNDING FOR DICTIONARIES FOR 3RD GRADERS IN LOW INCOME SCHOOLS, PROVIDES AGE-APPROPRIATE BOOKS FOR K-3 IN LOW INCOME SCHOOLS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF CLEARWATER INC

EIN: 59-0996540

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.

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)
		MURDER MYSTERY GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	12,435			12,435
	2 Less Contributions	6,587			6,587
	3 Gross income (line 1 minus line 2)	5,848			5,848
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	174			174
	6 Rent/facility costs	2,375			2,375
	7 Food and beverages	4,969			4,969
	8 Entertainment	1,799			1,799
	9 Other direct expenses	95			95
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,412
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-3,564

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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 _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
12 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?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
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

Name of the organization

ROTARY CLUB OF CLEARWATER INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

59-0996540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST - VALLEY NATIONAL BANK AMOUNT 133

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL FOUNDATION AFFILIATE ADDRESS 1560 SHERMAN AVENUE EV ANSTON, IL 60201 PURPOSE OF PAYMENT CONTRIBUTION AMOUNT OF PAYMENT 10,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT PER MEMBER FEE ASSESSMENT AMOUNT OF PAYMENT 7,227

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY CLUB CLEARWATER DISTRICT 6950 AFFILIATE ADDRESS P O BOX 1671 DUN EDIN, FL 34697 PURPOSE OF PAYMENT PER MEMBER FEE ASSESSMENT AMOUNT OF PAYMENT 4,805 T OTAL INCLUDED ON FORM 990-EZ, LINE 10 22,032

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION AWARDS AND RECOGNITION AMOUNT 1,420 DESCRIPTION CONFERENCE AND CONVENTION EXPENSE AMOUNT 3,983 DESCRIPTION OFFICE EXPENSES AMOUNT 1,971 DESCRIPTION LUNCHEON EXPENSE AMOUNT 42,594 DESCRIPTION PRESIDENT'S DISCRETIONARY EXPENSE AMOUNT 971 DESCRIPTION WEBSITE EXPENSE AMOUNT 900 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 19 TOTAL TO FORM 990-EZ, LINE 16 51,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 6,164 END OF YEAR AMOUNT 17,558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 3,062 END OF YEAR AMOUNT 2,756 DESCRIPTION DUE TO AFFILIATES BEG OF YEAR AMOUNT 1,200 END OF YEAR AMOUNT 1,470