

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 instructions and the latest information.

2019

Open to
Public
Inspection**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization HOME BUILDERS ASSOCIATION OF WAYNE AND HOLMES COUNTIES	D Employer identification number 34-6732222
Number and street (or P. O. box, if mail is not delivered to street address) 4973 CLEVELAND ROAD	E Telephone number (330) 345-1293
City or town, state or province, country, and ZIP or foreign postal code WOOSTER, OH 44691	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.WHHBA.COM**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 ► \$ 148,046**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	
	2 Program service revenue including government fees and contracts	2	12,209
	3 Membership dues and assessments	3	62,000
	4 Investment income	4	2,105
	5a Gross amount from sale of assets other than inventory	5a	2,910
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,910
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	6,963
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	53,690
	c Less: direct expenses from gaming and fundraising events	6c	25,353
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	35,300
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	8,169
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	122,693

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	35,648
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	40,086
	13 Professional fees and other payments to independent contractors	13	690
	14 Occupancy, rent, utilities, and maintenance	14	13,715
	15 Printing, publications, postage, and shipping	15	1,009
	16 Other expenses (describe in Schedule O)	16	29,610
	17 Total expenses. Add lines 10 through 16 ►	17	120,758
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,935
	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	199,164
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	3,488
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	204,587

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	61,546	61,500
23 Land and buildings	58,411	55,429
24 Other assets (describe in Schedule O)	79,207	87,658
25 Total assets	199,164	204,587
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,164	204,587

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?

THE ORGANIZATIONS' PRIMARY EXEMPT PURPOSE IS A TRADE ASSOCIATION AFFILIATED WITH THE NATIONAL ASSOCIATION OF HOME BUILDERS AND WITH THE OHIO HOME BUILDERS ASSOCIATION. ITS GOALS ARE THE PROMOTION OF NEW HOME CONSTRUCTION AND HOME REMODELING, MEMBERSHIP EDUCATION, CONSUMER EDUCATION, AND SENSIBLE GOVERNMENT REGULATIONS DEALING WITH HOME CONSTRUCTION.

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.

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(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

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
MERLE STUTZMAN	1.00	0	0	0
TRUSTEE				
STEVE NOLLETTI	1.00	0	0	0
TRUSTEE				
WAYNE YODER	1.00	0	0	0
IMMEDIATE PAST CHAIRMAN				
MARK ZOLLINGER	1.00	0	0	0
SECRETARY/TREASURER				
DOUG WURTZ	1.00	0	0	0
TRUSTEE				
LES MILLER	1.00	0	0	0
TRUSTEE				
SCOTT MORGAN	1.00	0	0	0
CHAIRMAN OF THE BOARD				
ALAN RATLIFF	1.00	0	0	0
TRUSTEE				
MICHAEL DOWNS	1.00	0	0	0
VICE CHAIRMAN OF THE BOARD				
JEFF SMITH	1.00	0	0	0
TRUSTEE				
DAVE SUTTLE	1.00	0	0	0
TRUSTEE				
DEBBIE TRACY-WINDOM	40.00	34,475	0	0
EXECUTIVE OFFICER				

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	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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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	
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 ► _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e 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. ► _____		
The organization's books are in care of ► DEBBIE TRACY-WINDOM		Telephone no. ► (330) 345-1293
42a Located at ► 4973 CLEVELAND ROAD WOOSTER, OH		ZIP + 4 ► 44691
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	

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.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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.

Sign Here

***** Signature of officer DEBBIE TRACY-WINDOM EXECUTIVE OFFICER Type or print name and title	2020-06-02 Date
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Paid Preparer Use Only	Print/Type preparer's name BENJAMIN C FROESE CPA	Preparer's signature	Date 2020-06-02	Check <input type="checkbox"/> if self-employed	PTIN P01379341
	Firm's name ► REA & ASSOCIATES INC	Firm's EIN ► 34-1310124			
	Firm's address ► 545 N MARKET ST WOOSTER, OH 44691	Phone no. (330) 264-0791			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 34-6732222

Name: HOME BUILDERS ASSOCIATION
OF WAYNE AND HOLMES COUNTIES

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 PROMOTION OF NEW HOME CONSTRUCTION AND HOME REMODELING VIA VARIOUS ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 0

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: HOME BUILDERS ASSOCIATION
OF WAYNE AND HOLMES COUNTIES

EIN: 34-6732222

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.

Supplemental Information Regarding 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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOME BUILDERS ASSOCIATION OF WAYNE AND HOLMES COUNTIES

Employer identification number

34-6732222

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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.

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 PARADE OF HOMES (event type)	(b) Event #2 GOLF OUTINGS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	36,066	17,624		53,690
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	36,066	17,624		53,690
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	11,709	11,021		22,730
10 Direct expense summary. Add lines 4 through 9 in column (d)				22,730
11 Net income summary. Subtract line 10 from line 3, column (d)				30,960

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	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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	13a	%
b An outside facility	13b	%

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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

HOME BUILDERS ASSOCIATION
OF WAYNE AND HOLMES COUNTIES**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.

2019**Open to Public
Inspection****Employer identification number**

34-6732222

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: DIVIDEND INCOME. AMOUNT: 1,104. DESCRIPTION: INTEREST INCOME. AMOUNT: 1,001. TOTAL INCLUDED ON FORM 990-EZ, LINE 4: 2,105. TOTAL TO FORM 990-EZ, LINE 14: 13,715.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: MISCELLANEOUS REVENUE. AMOUNT: 369. DESCRIPTION: 650' OFFICE SPACE - 4973 CLEVELAND RD, STE B, WOOSTER. AMOUNT: 7,800. TOTAL TO FORM 990-EZ, LINE 8: 8,169.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME: NATIONAL ASSOCIATION OF HOME BUILDERS. AFFILIATE ADDRESS: 1201 15TH STREET NW WASHINGTON, DC 20005. PURPOSE OF PAYMENT: DUES. AMOUNT OF PAYMENT: 23,958.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME: OHIO HOME BUILDERS ASSOCIATION. AFFILIATE ADDRESS: 17 SOUTH HIGH ST, SUITE 700 COLUMBUS, OH 43215. PURPOSE OF PAYMENT: DUES. AMOUNT OF PAYMENT: 10,890. TOTAL INCLUDED ON FORM 990-EZ, LINE 10: 34,848.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: GENERAL SUPPORT FOR COMMUNITY OUTREACH. GRANTEE NAME: VARIOUS CHARITABLE ORGANIZATIONS. GRANTEE ADDRESS: VARIOUS WOOSTER, OH 44691. GRANTEE RELATIONSHIP: N/A. AMOUNT GIVEN: 800.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 14	DESCRIPTION: DEPRECIATION. AMOUNT: 2,982. DESCRIPTION: OTHER EXPENSES. AMOUNT: 10,083. DESCRIPTION: RENTAL ADVERTISING. AMOUNT: 650.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: CONFERENCES, CONVENTIONS, & MTGS. AMOUNT: 10,176. DESCRIPTION: INSURANCE. AMOUNT: 6,736. DESCRIPTION: OFFICE EXPENSES. AMOUNT: 6,070. DESCRIPTION: REP. EXPENSES. AMOUNT: 2,037. DESCRIPTION: COMMUNITY RELATIONS. AMOUNT: 3,562. DESCRIPTION: MISC. EXPENSES. AMOUNT: 1,029. TOTAL TO FORM 990-EZ, LINE 16: 29,610.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION: CY - NET UNREALIZED GAIN / (LOSS) ON INVESTMENT. AMOUNT: 3,488.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: INVESTMENTS. BEG. OF YEAR AMOUNT: 79,207. END OF YEAR AMOUNT: 87,658.