

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name <b>ALLIANCE FOR FOOD AND FARMING, INC.</b>		California corporation number <b>2001945</b>
Additional information. See instructions.		FEIN <b>77-0438244</b>
Street address (suite or room) <b>P. O. BOX 2747</b>		PMB no.
City <b>WATSONVILLE</b>	State <b>CA</b>	ZIP code <b>95077</b>
Foreign country name	Foreign province/state/county	Foreign postal code

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other

**F** Federal return filed? 1  990T 2  990-PF 3  Sch H (990)  
 4  Other 990 series

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If 'Yes,' what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If 'Yes,' enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
 No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

CACAT112L 12/31/15

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input checked="" type="checkbox"/>	1	12,000.
	2 Gross dues and assessments from members and affiliates <input checked="" type="checkbox"/>	2	
	3 Gross contributions, gifts, grants, and similar amounts received <b>SEE SCH. B</b> <input checked="" type="checkbox"/>	3	251,500.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B... <input checked="" type="checkbox"/>	4	263,500.
	5 Cost of goods sold. <input type="checkbox"/>	5	
	6 Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/>	6	
	7 Total costs. Add line 5 and line 6. <input type="checkbox"/>	7	
	8 Total gross income. Subtract line 7 from line 4. <input checked="" type="checkbox"/>	8	263,500.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input checked="" type="checkbox"/>	9	253,698.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input checked="" type="checkbox"/>	10	9,802.
<b>Filing Fee</b>	11 Total payments. <input checked="" type="checkbox"/>	11	
	12 Use tax. See General Instruction K. <input checked="" type="checkbox"/>	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input checked="" type="checkbox"/>	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input checked="" type="checkbox"/>	14	
	15 Filing fee \$10 or \$25. See General Instruction F. <input type="checkbox"/>	15	10.
16 Penalties and Interest. See General Instruction J. <input type="checkbox"/>	16		
17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result. <input checked="" type="checkbox"/>	17	10.	

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer <b>TAXPAYER'S COPY</b>	Title <b>CHAIRMAN</b>	Date	Telephone <b>(831) 786-1666</b>
Preparer's signature <b>KAREN E. SEMINGSON, CPA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00319226</b>
Firm's name (or yours, if self-employed) and address <b>HUTCHINSON AND BLOODGOOD LLP 579 AUTO CENTER DRIVE WATSONVILLE, CA 95076</b>			FEIN <b>95-0858589</b> Telephone <b>(831) 724-2441</b>

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

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	12,000.
	8	<b>Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.</b>		8	12,000.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	500.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	253,198.
	18	<b>Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.</b>		18	253,698.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		58,316.		68,118.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	<b>Total assets</b>		58,316.		68,118.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		58,316.		68,118.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		58,316.		68,118.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	9,802.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total. Add line 1 through line 5</b>		9,802.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total. Add line 7 and line 8</b>		
10	<b>Net income per return. Subtract line 9 from line 6</b>		9,802.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

ALLIANCE FOR FOOD AND FARMING, INC.

Employer identification number

77-0438244

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 5 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization  
 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>ALLIANCE FOR FOOD AND FARMING, INC.</b>	Employer identification number <b>77-0438244</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA PEAR ADVISORY BOARD 1521 I STREET SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA STRAWBERRY COMM. PO BOX 269 WATSONVILLE, CA 95077	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA TABLE GRAP COMMISSION 392 W. FALLBROOK, STE. 101 FRESNO, CA 93711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CALIFORNIA CARROT ADVISORY BD 531-D NORTH ALTA AVE DINUBA, CA 93618	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PRODUCE MARKETING ASSOCIATION PO BOX 6036 NEWARK, DE 19714	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WESTERN GROWERS ASSN 17620 FITCH STREET IRVINE, CA 92614	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR FOOD AND FARMING, INC.</b>	Employer identification number <b>77-0438244</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TAYLOR FARMS 150 MAIN STREET, STE 400 SALINAS, CA 93902	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FLORIDA FRUIT & VEGETABLE ASSOCIATI PO BOX 948153 MAITLAND, FL 32794	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNITED FRESH PRODUCE ASSN 1901 PENNSYLVANIA NW STE 1100 WASHINGTON, DC 20006	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	US APPLE ASSOCIATION 8233 OLD COURTHOUSE RD STE 200 VIENNA, VA 22182	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	US Highbush Blueberry Council 80 IRON POINT CIRCLE, STE 110 FOLSOM, CA 95630	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CALIFORNIA CITRUS MUTUAL 512 N. KAWEAH EXETER, CA 93221	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALLIANCE FOR FOOD AND FARMING, INC.</b>	Employer identification number <b>77-0438244</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NORTHWEST HORTICULTURAL COUNCIL 105 S. 18TH STREET, STE 105 YAKIMA, WA 98901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CA CITRUS QUALITY COUNCIL 853 LINCOLN WAY, STE 206 AUBURN, CA 95603	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CALIFORNIA CHERRY BOARD 1521 I STREET SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CA FARM BUREAU FEDERATION 2300 RIVER PLAZA DR SACRAMENTO, CA 95833	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	US POTATO BOARD 4949 S. SYRACUSE ST DENVER, CO 80237	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CALIFORNIA FRESH FRUIT ASSN 978 W. ALLUVIAL, STE 107 FRESNO, CA 93711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARKON COOPERATIVE PO BOX 2630 SALINAS, CA 93902	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization

ALLIANCE FOR FOOD AND FARMING, INC.

Employer identification number

77-0438244

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

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Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$ 12,000.
TOTAL	<u>\$ 12,000.</u>

STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRYAN SILBERMANN 1500 CASHO MILL ROAD NEWARK, DE 19711	VICE CHAIR 0	\$ 0.	\$ 0.	\$ 0.
MATT MCINERNEY 17620 FITCH STREET IRVINE, CA 92714	CHAIRMAN 0	0.	0.	0.
BLAIR RICHARDSON 4949 S. SYRACUSE ST, STE 400 DENVER, CO 80237	DIRECTOR 0	0.	0.	0.
MARILYN DOLAN 563 AUTO CENTER DRIVE WATSONVILLE, CA 95076	EXECUTIVE DIREC 0	0.	0.	0.
TOM STENZEL 1901 PENNSYLVANIA AVE., NW, ST WASHINGTON, DC 20005	DIRECTOR 0	0.	0.	0.
BARRY BEDWELL 978 W. ALLUVIAL #107 FRESNO, CA 93711	SECRETARY/TREAS 0	0.	0.	0.
JOHN GUERARD 531 D N. ALTA AVE DINUBA, CA 93618	DIRECTOR 0	0.	0.	0.
MIKE STUART P.O. BOX 948153 MAITLAND, FL 32794	DIRECTOR 0	0.	0.	0.
RICH MATTEIS 2300 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	DIRECTOR 0	0.	0.	0.
MARK VILLATA 80 IRON POINT CIRCLE, STE. 114 FOLSOM, CA 95630	DIRECTOR 0	0.	0.	0.

ALLIANCE FOR FOOD AND FARMING, INC.

77-0438244

STATEMENT 2 (CONTINUED)  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRIS SCHLECT 105 SOUTH 18TH ST, STE 105 YAKIMA, WA 98901	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
ALYSSA HOUTBY 512 N. KAWEAH AVE EXETER, CA 93221	DIRECTOR 0	0.	0.	0.
KATHLEEN NAVE 392 W. FALLBROOK, STE 101 FRESNO, CA 93711	DIRECTOR 0	0.	0.	0.
TIM YORK P.O. BOX 2630 SALINAS, CA 93902	DIRECTOR 0	0.	0.	0.
RICK TOMLINSON PO BOX 269 WATSONVILLE, CA 95076	DIRECTOR 0	0.	0.	0.
CHRIS ZANOBINI 1521 I STREET SACRAMENTO, CA 95814	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

STATEMENT 3  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 650.
BANK CHARGE REVERSED.....	-12.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	136.
INSURANCE.....	2,335.
MANAGEMENT FEES.....	108,000.
OFFICE EXPENSES.....	5,072.
SPECIAL PROJECTS EXPENSES.....	133,135.
TRAVEL.....	82.
WEBSITE EXPENSE.....	3,800.
TOTAL	\$ 253,198.