Form '990-EZ

Short_Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Form 990-EZ (2009)

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

Inspection For the 2009 calendar year, or tax year beginning and ending **Employer identification number** Check if applicable Please C Name of organization THE LEAGUE OF PROFESSIONAL SYSTEM use IRS Address change label or 20-1950324 ADMINISTRATORS A NJ NON PROFIT CORP Name change print or Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return type. 856-439-0500 See 1500 COMMERCE PARKWAY Termination Specific Group Exemption City or town, state or country, and ZiP + 4 Amended return Instruc-NJ 08054 Number MT. LAUREL Application pending tions. Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ LOPSA.ORG Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 3) ◀ (insert no.) 4947(a)(1) or 527 X 501(c) (Tax-exempt status (check only one) — I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 214,478 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 29,547 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 See Statement 1 24,798 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 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) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$_ of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe > See Statement 8 142.770 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 67,098 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe > See Statement 16 129,628 Total expenses. Add lines 10 through 16 17 17 18 84,850 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year from life 27. Hoppp (A)) (must agree with 19 -164,16319 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) -79.313Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (A) Beginning of year (See the instructions for Part II.) 26,585 26,201 22 22 Cash, savings, and investments 23 23 Land and buildings ,283 1,967 Other assets (describe See Statement 4 24 24 28,168 28,868 25 193,031 107,481 See Statement 5 26 26 Total liabilities (describe -79,313 64,163 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) THE LEAGUE OF PROFESSIONAL SY Part III Statement of Program Service Accomplishments (II X		Page 2
	See the manuc	CHOILS TO FAIL I	A	•	,
What is the organization's primary exempt purpose?			,	equired fo	
TO ADVANCE THE PROFESSION OF SYSTEM ADMINISTRATORS					d 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a					s and section
manner, describe the services provided, the number of persons benefited, or other re	elevant information	n for			rusts, optional
each program title.			for	r others)	
CONFERENCE ON ISSUES RELATED TO SYSTEM ADMINISTRATORS					
			- 1		
(Grants \$) If this amount includes foreign grants, chi	eck here	· •	28a		23,231
29	2008				
•				1	
* *	• •				
(Cronto ©) If this amount includes foreign greats, sh	nak hara	<u>.</u> 1	7 200		
(Grants \$) If this amount includes foreign grants, chi	eck nere		29a		
4 4					
			<u> </u>		
(Grants \$) If this amount includes foreign grants, che	eck here	<u> </u>	30a		
Other program services (attach schedule)			_		
(Grants \$) If this amount includes foreign grants, che	eck here .	. •	31a		
32 Total program service expenses (add lines 28a through 31a)		800 mil 199	▶ 32		23,231
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	ch one even if not o	compensated. (See	the instru	ctions for	Part IV.)
	(b) Title and average	(c) Compensation	(d) Contrib employee ben		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred com		account and other allowances
TREY HARRIS NEW YORK	PRESIDENT				
235 W. 48TH ST APT 20J NY 10036		0		0	0
	VICE PRES	i i		<u>`</u>	
	VICE PRES				0
3337 CROSS BEND TX 75023			-	- 4	0
CHRIS PALMER CAMBRIDGE	DIRECTOR				
33 OXFORD STREET MA 02138		0		0	0
STEPHEN POTTER . BLACKLICK	TREASURER	ľ			
169 ROYAL FARM EAST OH 43004		0		0	0
MATTHEW BARR NEW YORK	DIRECTOR				
786 AMSTERDAM AVE. SUITE 1R NY 10025		0		o	0
BOB APTHORPE AUSTIN	DIRECTOR			(2-2)	
1504 ALGUNO RD TX 78757		0		0	0
	DIRECTOR				
DEREK BALLING HURLEY 122 ROSA LANE NY 12443	DIRBOTOR	0		0	0
	DIDECTOR				
DAVID PARTER MADISON	DIRECTOR				
1210 W. DAYTON STREET WI 53706		0			0
JESSE_TRUCKS MADISON	DIRECTOR]			
5722 FORSYTHIA PLACE WI 53705		0		- 0	0
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				+	
					
			1000-00		
	1				
DAA		70		Form	n 990-EZ (2009)

2.1

-	n 990-EZ (2009) THE LEAGUE OF PROFESSIONAL SYSTEM 20-1950324		Р	age 3
P	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			50000
	description of each activity	33		_X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			,
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	1		
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
ь	Did the organization file Form 1120-POL for this year?	37Ь	Ţ	_X_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37.0		<u> </u>
Jua	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	. ‡	Х
L	If "Yes," complete Schedule L, Part II and enter the total amount involved	304		
		1	Ī	
39	Section 501(c)(7) organizations. Enter		Ī	
a	Initiation fees and capital contributions included on line 9	-	ŧ	
ь	Gross receipts, included on line 9, for public use of club facilities	1	4	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		1	
	section 4911 ▶		.1	
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	1	1	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		İ	
	organization managers or disqualified persons during the year under sections 4912,		-	
	4955, and 4958		1	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	[]	ŧ	
	reimbursed by the organization		ŀ	
е	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		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ ASSOCIATION HEADQUARTERS Telephone no ▶ 856	-43	9-05	500
	15000 COMMERCE PARKWAY SUITE C	•	•	
	Located at ► MT LAUREL, NJ ZIP+4 ► 080	54		
ь	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			111 11111
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		- [
	and Financial Accounts.	1	ľ	
С	At any time during the calendar year, dld the organization maintain an office outside of the U.S.?	42c	Ť	X
v	If "Yes," enter the name of the foreign country.	720		
42	Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041—Check here			
43				
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			_
		٦	, 1	
	But the state of t		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	1	ŧ	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	Fo	m 99	0-EZ	(2009)

Form 990-EZ	(2009) THE LEAGUE OF PROFESSIONAL SY	STEM 20)-195032 4		Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)(1) nonexem	pt charitable t	rusts only. All	
Delice (#D0005555	501(c)(3) organizations and section 4947(a)(1) none	xempt charitat	le trusts must	answer questi	ons 46-49b
	and complete the tables for lines 50 and 51.	•			
46 Did the	organization engage in direct or indirect political campaign activities or	behalf of or in op	position to		Yes No
	ates for public office? If "Yes," complete Schedule C, Part I	507			46 X
47 Did the	organization engage in lobbying activities? If "Yes," complete Schedul	e C. Part II			47 X
	organization operating a school as described in section 170(b)(1)(A)(ii)?		Schedule E		48 X
	organization make any transfers to an exempt non-charitable related of		8.5	5. 5. 20 1000 100	49a X
	was the related organization a section 527 organization?		\$1 0.50 10 340 10 50		49b
50 Comple	ele this table for the organization's five highest compensated employee	s (other than office	rs, directors, truste	es and key	
employe	ees) who each received more than \$100,000 of compensation from the	organization. If the	ere is none, enter	"None."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					
f Total nu	umber of other employees paid over \$100,000	. •		_	
	00 of compensation from the organization if there is none, enter "None Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	ompensation
None					
		· ··l			
d Total nu	imber of other independent contractors each receiving over \$100,000	*			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including and ballet. It is true, correct, and complete. Declaration of preparer (other than of Signature of Officer Type or print name and title.				
Paid	Preparer's signature Joseph S. Brunner	Date 02/20	Check if self-		dying Number (See instr.)
reparer's	- v doseph b. Brunner				2-3345709
Jse Only	if self-employed), 100B CENTRE BOULEVARD		Lo, orno	Phone	201010
	address, and ZIP+4 MARLTON, NJ 08053-41	28			-810-2160
May the IRS	discuss this return with the preparer shown above? See instructions	20		110 030	Yes No
, 210 1100	The property of the state of th			Fo	m 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE LEAGUE OF PROFESSIONAL SYSTEM ADMINISTRATORS A NJ NON PROFIT CORP

Employer identification number 20-1950324

P	ırt j	Reas	on for Publi	c Charity	Status (All organization	ns must o	complet	e this	part.)	<u>See ir</u>	<u>istruct</u>	tions.		
The	orga	nization is not	a private found	ation because	e it is (For lines 1 through 11,	check only	one box	.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2	П				A)(ii). (Attach Schedule E)									
3	Ħ				ce organization described in s	ection 170	(b)(1)(A)(i	ii).						
4	H				I in conjunction with a hospita				(1)(A)(ii	ii). Ente	r the ho	spital's nam	ie.	
•	U	city, and state	_							,				
5				the benefit o	f a college or university owne	d or operate	ed by a g	overnme	ental unit	t descri	bed in			
٠	Ш		b)(1)(A)(iv). (Co			a o. opo.a.	, 5							
6				-	overnmental unit described in	section 17	0(b)(1)(A	1/v).						
7	Н	-		_	substantial part of its support				rom the	genera	l public	!		
′	ш	_		-	emplete Part II)	nom a gove	on an on to	OTTIL OF 1	10111 010	genera	n pabilo			
8	\Box				70(b)(1)(A)(vi). (Complete Pa	rt II)								
9	X) more than 33 1/3 % of its su	=	contributi	ons me	mhersh	ın fees	and ord	nss		
•	21	-		-	pt functions—subject to certa									
					d unrelated business taxable									
			-		0, 1975. See section 509(a)(2				,					
10	\Box		-		exclusively to test for public sa									
11	H				exclusively for the benefit of, to	-				out the	9			
••	ш				ed organizations described in							1		
					ne type of supporting organiza									
		a Type	_	Type II	c Type III–Function			d [_	e III-Ot	her			
e	\Box		_	٠,٠				ne or m						
•	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section													
	509(a)(1) or section 509(a)(2).													
f		, ,, ,	, ,,	,	rmination from the IRS that it	is a Type I,	Type II,	or Type	III suppo	orting				
		_	check this box											
g		Since August	17, 2006, has	the organizat	tion accepted any gift or contr	bution fron	n any of th	ne .			•			_
Ū		following per												
		(i) A persor	who directly o	r indirectly co	ontrols, either alone or togethe	r with perso	ons descr	ibed in (ıi)				Yes	No
		and (iii) l	below, the gove	erning body of	f the supported organization?							11g(i)	
		(ii) A family	member of a p	erson describ	ped in (i) above?		•				٠.	11g(ii)	
		(iii) A 35% c	ontrolled entity	of a person of	described in (ı) or (ıı) above?							11g(ıii)	<u> </u>
h		Provide the	following inform	ation about th	he supported organization(s)									
(i)	Nam	e of supported	(ii) E	IN	(iii) Type of organization	(iv) is the	organization		ou notify		is the	(vii) A	mount o	f
	org	ganization			(described on lines 1–9		sted in your		nization in of your	organizat	on in col zed in the		pport	
					above or IRC section (see instructions))	governing	document?		port?		S?			
						Yes	No	Yes	No	Yes	No			
						1		l						
								<u> </u>		_				
									 	╁				
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Tota	ıl													

Sche	dule A (Form 990 or 990-EZ) 2009 THE					<u>-195032</u>		Page 2
Pa	ert II Support Schedule for O)(1)(A)(iv) and	i 170(b)(1)	(A)(v	i) ,
	(Complete only if you che	ecked the box	<u>on line 5, 7, o</u>	8 of Part I.)				
	tion A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\perp	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							<u> </u>
	tion B. Total Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	<u>, </u>	(f) Total
7	Amounts from line 4						\rightarrow	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		55.00					
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	L				L		
12	Gross receipts from related activities, etc	•				{	12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							•
Sec	tion C. Computation of Public S							
14	Public support percentage for 2009 (line 6			ın (f))			14	%
15	Public support percentage from 2008 Sch					l	15	%
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this bo	X	
	and stop here. The organization qualifies							P L
ь	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or i	nore, check t	าเร	. □
	box and stop here. The organization quali							▶ ∟
17a	10%-facts-and-circumstances test—200							
	more, and if the organization meets the "fa)	. —
	organization meets the "facts-and-circums					•	•••	
ь 18	more, and if the organization meets the "fa organization meets the "facts-and-circums Private foundation. If the organization did	acts-and-circumsta stances" test. The	inces" test, check organization qualif	this box and stop ies as a publicly s	here. Explain ın P upported organiza	art IV how the tion	9	🗦 📙
10	i ilitate iouliuation. Il the organization dic	I HOL GILCON A DOX (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, 170, 01 170, 010	Jon and DOX and S		•	

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,942	73,296	112,550	90,099	29,547	341 <u>,434</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,085	1,594	200	2,923	183,870	189,672
3	Gross receipts from activities that are not an unrelated trade or business under section 513					270	270
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	37,027	74,890	112,750	93,022	213,687	531,376
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			_			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						531,376
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					331/3/3
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	37,027	74,890	112,750	93,022	213,687	531,376
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	54	54	66	41	216
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1	54	54	66	41	216
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	182	3,055	821	585	142,770	147,413
13	Total support. (Add lines 9, 10c, 11, and 12.)	37,210	77,999	113,625	93,673	356,498	679,005
14	First five years. If the Form 990 is for the organization, check this box and stop her	е		urth, or fifth tax yea	ar as a section 50°	1(c)(3)	▶[
Sec	tion C. Computation of Public S						
15	Public support percentage for 2009 (line 8			ın (f))		15	78.26%
16	Public support percentage from 2008 Sch					16_	98.51%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (, column (f))		17	% %
18	Investment income percentage from 2008 33 1/3 % support tests—2009. If the organization					· · · ——	. 76
19a b	17 is not more than 33 1/3 %, check this 33 1/3 % support tests—2008. If the orga	box and stop here.	The organization	qualifies as a pub	licly supported org	anization _.	▶ 🏻
J	line 18 is not more than 33 1/3 %, check						▶ □
20	Private foundation. If the organization di						▶

	1950324 .	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required		
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information	. See instructions.	
Part III, Line 12 - Other Income Detail	•	
MISC \$ 147,413		
	*	

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LOPSA: THE LEAGUE OF PROFESSIONAL SYSTEM

20-1950324

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount
MEMBERSHIP	DUES	\$_	24,798
Total		\$_	24,798

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount					
SETTLEMENT REVENUE MISC	\$	142,500 270				
Total	\$	142,770				

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE	839
IT EXPENSES	24,724
TRAVEL	6,206
CONFERECE EXPENSES	12,309
INSURANCE	2,572
AWARDS	258
CREDIT CARD FEES	1,827
MEMBERSHIP	8,016
MISCELLANEOUS	1,010
HONORARIUMS	2,500
MERCHANDISE	1,030
TELEPHONE	86
Total	\$ 61,377

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year	_	End of Year
Accounts Receivable Prepaid Expenses and Deferred Charges	\$ 338 1,945	\$	991 976
	2,283		1,967

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 193,031	\$ 107,481
	193,031	107,481