

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

\*\*-\*\*\*3659

## WAYMAKERS FOUNDATION

## Net Asset / Fund Balance at Beginning of Year \_\_\_\_\_

<b>Revenue</b>	
Contributions	<u>105,050</u>
Program service revenue	_____
Investment income	_____
Capital gain / loss	_____
Fundraising / Gaming:	_____
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	_____
<b>Total revenue</b>	<u>105,050</u>
<b>Expenses</b>	
Program services	_____
Management and general	_____
Fundraising	_____
<b>Total expenses</b>	<u>52,295</u>
<b>Excess / (deficit)</b>	<u>52,755</u>

Changes \_\_\_\_\_

Net Asset / Fund Balance at End of Year 52,755

## Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	_____

## Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	_____

	<b>Balance Sheet</b>	<b>Differences</b>
	<b>Beginning</b>	
Assets	_____	
Liabilities	<u>60,755</u>	
Net assets	<u>8,000</u>	
	<u>52,755</u>	<u>52,755</u>

## Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 05/17/21  
 Failure to file penalty \_\_\_\_\_

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

WAYMAKERS FOUNDATION

\*\*-\*\*-\*\*3659

Name and title of officer or person subject to tax NATASHA LEMUS

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Amount. Rows include Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SCHUTRUMPF & COMPANY, P.C. to enter my PIN 63659 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 07/12/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature HELEN MCMAHON

Date 07/12/21

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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 private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization WAYMAKERS FOUNDATION D Employer identification number \*\*\*3659 E Telephone number 804-396-9257 F Group Exemption Number

G Accounting Method: [ ] Cash [X] Accrual Other (specify) H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: HTTPS://WAYMAKERS-FOUNDATION.ORG/ J Tax-exempt status (check only one) [X] 501(c)(3) [ ] 501(c) [ ] 4947(a)(1) or [ ] 527 Other K Form of organization: [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 105,050

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 [X]

Table with 21 rows and 2 columns. Column 1: Description (Contributions, gifts, grants, and similar amounts received; Program service revenue including government fees and contracts; Membership dues and assessments; Investment income; Gross amount from sale of assets other than inventory; Less: cost or other basis and sales expenses; Gain or (loss) from sale of assets other than inventory; Gaming and fundraising events; Gross income from gaming; Gross income from fundraising events; Gross profit or (loss) from sales of inventory; Other revenue; Total revenue; Grants and similar amounts paid; Benefits paid to or for members; Salaries, other compensation, and employee benefits; Professional fees and other payments to independent contractors; Occupancy, rent, utilities, and maintenance; Printing, publications, postage, and shipping; Other expenses; Total expenses; Excess or (deficit) for the year; Net assets or fund balances at beginning of year; Net assets or fund balances at end of year). Column 2: Amount (105,050; 1,176; 153; 10,191; 40,775; 52,295; 52,755; 52,755).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)



**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	0	22	57,672	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	0	24	3,083	
25 Total assets	0	25	60,755	
26 Total liabilities (describe in Schedule O)	0	26	8,000	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	52,755	

**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?  
 SEE SCHEDULE O  
 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.)	
	(Grants \$)	(Grants \$)
28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here		28a 50,964
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) 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 <input type="checkbox"/>		32 50,964

(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
NATASHA LEMUS PRESIDENT	25.00	0	0	0
WILBER LEMUS SECRETARY	30.00	0	0	0
KAROLINA CARRANZA TREASURER	10.00	0	0	0
LISA ECHENIQUE FINANCIAL STRATEGIST	5.00	0	0	0
DARWIN ARIAS COMMUNITY MEMBER	15.00	0	0	0
DIANA DEL CID COMMUNITY MEMBER	2.00	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <b>37a</b>		X
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:	<b>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <b>▶</b> _____; section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>▶</b> _____		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> NONE		
<b>42a</b> The organization's books are in care of <b>▶</b> NATASHA LEMUS 7122 HULL STREET RD. RICHMOND VA ZIP + 4 <b>▶</b> 23235 Telephone no. <b>▶</b> 804-396-9257		

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <b>▶</b> _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b>		
<b>42b</b>		X
<b>42c</b>		X

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

**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

Yes	No
	46 X

**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

Yes	No
47 X	
48 X	
49a X	
49b X	

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

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

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

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>NATASHA LEMUS</b>	Date <b>PRESIDENT</b>
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HELEN MCMAHON</b>	Date <b>07/13/21</b>
	Preparer's signature <b>HELEN MCMAHON</b>	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name <b>SCHUTRUMPF &amp; COMPANY, P.C.</b>	Firm's EIN **-***8861
Firm's address <b>2519 PROFESSIONAL RD NORTH CHESTERFIELD, VA 23235</b>		Phone no. <b>804-323-4260</b>

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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

WAYMAKERS FOUNDATION

Employer identification number

\*\*-\*\*\*3659

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2020)

Name of organization

WAYMAKERS FOUNDATION

Employer identification number

\*\*-\*\*\*3659

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION 3409 W. MOORE ST. RICHMOND VA 23230	\$ 20,000	Person <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RICHMOND MEMORIAL HEALTH FOUNDATION 4901 LIBBIE MILL E. BLVD. #210 RICHMOND VA 23230	\$ 30,000	Person <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KENNETH & LESLIE MONTERO 524 LANCEY DR. MIDLOTHIAN VA 23114	\$ 50,000	Person <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution



**SCHEDULE O**  
**(Form 990 or 990-EZ)****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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

WAYMAKERS FOUNDATION

Employer identification number

\*\*-\*\*\*3659

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
WEBSITE	\$ 265
OFFICE EXPENSES	\$ 781
INSURANCE	\$ 1,000
FOOD PROJECT	\$ 29,327
DIAPER PROJECT	\$ 4,234
FUEL PROJECT	\$ 400
PACKING SUPPLY PROJECT	\$ 1,524
CENTRAL AMERICAN DISASTER	\$ 2,463
CONTRACTOR	\$ 560
MEMBERSHIPS	\$ 75
NON-INVESTMENT DEPRECIATION	\$ 146
TOTAL \$	40,775

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 0	\$ 3,229
LESS ACCUMULATED DEPRECIATION	\$ 0	146
TOTAL \$	0	3,083
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO LATIN TAX SERVICE, LLC	\$ 0	\$ 8,000