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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

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 April 1 March 31 D Employer identification number C Name of organization B Check if applicable Please ise IRS 42-1444645 Address change Friends of Iowa Civil Rights, Inc. label or Name change Number and street (or P O box, if mail is not delivered to street address) F Telephone number Initial return tvoe 515-281-8086 P.O. Box 5182 Terminated Specific City or town, state or country, and ZIP + 4 F. Group Exemption Amended return Instruc-Des Moines, IA 50306-5182 Number ▶ Application pending G Accounting Method

✓ Cash

Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► ☐ if the organization is not required to attach Schedule B (Form 990, www.iowafriends.org I Website: ▶ 990-EZ. or 990-PF) J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no) [4947(a)(1) or 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 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 Contributions, gifts, grants, and similar amounts received 157.979 Program service revenue including government fees and contracts 2 2 O 3 3 Membership dues and assessments 4 152 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 0 5b h Less cost or other basis and sales expenses 5c С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ of contributions Gross revenue (not including \$ 6a reported on line 1) 0 Less direct expenses other than fundraising expenses 6b b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c C 7a 0 Gross sales of inventory, less returns and allowances 7a 0 7b b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 0 8 R Other revenue (describe ▶ 158,131 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 3000 10 10 Grants and similar amounts paid (attach schedule) n 11 11 Benefits paid to or for members 12 n 12 Salaries, other compensation, and employee benefits 153,439 13 13 Professional fees and other payments to independent contra 0 14 14 Occupancy, rent, utilities, and maintenance 3459 15 15 Printing, publications, postage, and shipping 160 16 16 Other expenses (describe 160,058 17 17 Total expenses. Add lines 10 through 16 (1927)18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 19,936 0 20 Other changes in net assets or fund balances (attach explanation) Net 20 18,009 21 Net 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 (A) Beginning of year (B) End of year (See the instructions for Part II) 19,936 22 18,009 Cash, savings, and investments 0 23 23 Land and buildings 0 24 0

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Other assets (describe ▶

Total liabilities (describe ▶

Total assets .

19,936 25

19.936 27

0 26

18,009

18.009

	200 22 (2003)					raye 🕰	
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses	
What is the organization's primary exempt purpose? to support civil rights and diversity projects in lowa (Required for section							
)(3) and 501(c)(4)					
	cribe what was achieved in carrying out the orgoner, describe the services provided, the number of				organ	izations and section	
each	for ot	a)(1) trusts, optional hers i					
	_ 	A	ultima balalan Dan 44	14	101 01		
28							
	This event reaches over 10,00 people from across th						
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	▶ □	28a	105,220	
29	lowa's Mosaic: statewide diversity conference. The	mission of the conference is	to increase knowle	dge of			
	lowa's unique cultures and help build inclusive comi						
	the state.						
		includes foreign grants, ch	ook boro	<u>-</u>	29a	38,266	
~~	(Grants \$ 0) If this amount Annual Awards Luncheon: This yearly event recogni	includes foreign grants, ch		do signifi	250	30,200	
30			tions that have made	ae Signili-			
	cant contributions to promoting civil rights in lowa a	nd draws 75-100 people.					

	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	▶ [30a	2,372	
31	Other program services (attach schedule)	attng expenses invo	struents state -	Pair books			
	(Grants \$ 3000) If this amount	includes foreign grants, ch	eck here		31a	14,220	
32	Total program service expenses (add lines 28a t			>	32	160,058	
_	List of Officers, Directors, Trustees, and Key		ven if not compensa	ted. (See the		tions for Part IV)	
. (4.1		(b) Title and average	(c) Compensation	(d) Contribut		(e) Expense	
	(a) Name and address	hours per week	(If not paid,	employee bene	fit plans &	account and	
		devoted to position	enter -0)	deferred comp	pensation	other allowances	
Kım	berly Baxter	Chair/1				1	
c/o I	riends of Iowa Civil Rights, Inc.		0		0	0	
Jerr	y Tormey	Vice chair/1					
c/o l	riends of Iowa Civil Rights, Inc.	Vice chairr	0		0	0	
Kan	dis Bock	Secretary/ 5		1			
c/o l	riends of Iowa Civil Rights, Inc		0		0	0	
	Fernandez						
		Treasurer/1	0		0		
	Friends of Iowa Civil Rights, Inc		· · · · · · · · · · · · · · · · · ·		`		
- 	nael Bowser	Director/1					
c/o l	Friends of Iowa Civil Rights, Inc		0		0	 -	
JoA	nn Mackey	Director/ 5					
c/o I	Friends of Iowa Civil Rights, Inc		0		0	0	
Dav	d Meeks	Director/ 5					
c/o l	riends of Iowa Civil Rights, Inc.	Director 3	0		0	0	
	Ross						
	Friends of Iowa Civil Rights, Inc.	Director/.5	0		0	0	
	Schrader-Bachar				<u>-</u>		
		Director/ 5	0		0	0	
	Friends of Iowa Civil Rights, Inc.		 				
	· Williams	Director/ 5					
	Friends of Iowa Civil Rights, Inc				0	- · · · · · · · · · · · · · · · · · · ·	
	n Peterson	Executive Director/4-10	fundraising				
c/o l	Friends of Iowa Civil Rights, Inc.		\$7000		0	0	
		<u>}</u>					
		i	•				
- 							
							
			 				
			<u> </u>			 	
			1	l			
				ı.	For	n 990'-EZ (2009)	
					, 011	(000)	

	D-EZ (2009)		13	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			- .
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
33	description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			,
	the changes	34		√
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 6033(e) notice, reporting, and proxy tax requirements?	250		✓
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		N
ь 36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			<i>)</i> .
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		_✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			,
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule I. Part II and enter the total amount involved	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter.			
39 a	Initiation fees and capital contributions included on line 9 . 39a NA			
b	Gross receipts, included on line 9, for public use of club facilities NA			
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	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		V
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400		
С	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 • • • • • • • • • • • • • • • •			ļ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization 0			J
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		,
	transaction? If "Yes," complete Form 8886-T	40e	l	١.٧
41 42a	List the states with which a copy of this return is filed ► NA The organization's books are in care of ► Dawn Peterson, Executive Director Telephone no ► 5	15-28	1-808	6
42 a		50319	-1004	
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	,	Yes	No
	account)?	42b	ļ	 ✓
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		/
C	If "Yes," enter the name of the foreign country		I	.i * .
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ [_
-	and enter the amount of tax-exempt interest received or accrued during the tax year			NA
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		res	140
44	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		<u> </u>	İ
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	1 /

-							
Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt c nd 51.	onexempt char haritable trusts	itable trusts only. A must answer question	All section ons 46–49b		
	nd the organization engage in direct or indirect andidates for public office? If "Yes," complete s		tivities on behalf	of or in opposition to	Yes No		
	•		chadula C. Dart II	•	47		
	old the organization engage in lobbying activities				48		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	old the organization make any transfers to an ex	•	elated organizatioi	n?	49a ✓		
	"Yes," was the related organization a section 5			•	49b //		
50 C	Complete this table for the organization's five himployees) who each received more than \$100,	ghest compensated er 000 of compensation fi	nployees (other th rom the organizati	nan officers, directors, ion If there is none, er	trustees and k iter "None "		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	d) Contributions to employee benefit plans of deferred compensation			
NA							
					 		
					-		
f T	otal number of other employees paid over \$100	0,000	0		-l		
	(a) Name and address of each independent contractor			(b) Type of service	(c) Compensation		
AV							
				0			
a 1	otal number of other independent contractors of						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and domplete. Declaration	ed this return, including acco of preparer (other than office	mpanying schedules a er) is based on all inform	nd statements, and to the be	s any knowledge		
Sign Here	Signature of officer			7/1//	10		
	Dawn Peterson, Executive Director Type or print name and title	 	 				
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying no	umber (See instruction		
Preparer Use Only	'S Firm's name (or			EIN ▶			
	address, and ZIP + 4			Phone no ▶			
lay the	IRS discuss this return with the preparer show	n above? See instructi	ons	<u> </u>	Yes No		
				F	orm 990-EZ (2)		

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 1545-0017

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 1444645 Friends of Iowa Civil Rights, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ______ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated **b** Type II a 🗌 Type I e 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(ni) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in cal (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Yes No

Pal	(Complete only if you chec					and 170(0)(1)(A)(VI)
	tion A. Public Support		1		γ	· · · · · · · · · · · · · · · · · · ·	
Ca	llendar 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")						
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 6	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) Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .		<u> </u>				
12	Gross receipts from related activities, etc	s (see instruction	ons)			12	
13 Sec	First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Su	ere		nd, third, fourth	n, or fifth tax y	ear as a se	ection 501(c)(3)
14	Public support percentage for 2009 (line			1 column (fl)		14	%
	Public support percentage from 2008 Sc		ŕ	i, columni (ij)		15	%
15 162	33½ % support test—2009. If the organi			on line 13 and	line 14 is 3314.9	<u> </u>	
100	and stop here . The organization qualifies				1110 14 10 00/3	70 01 111010,	► [
b	33% % support test – 2008. If the organic box and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is	33⅓% or m	
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circu	mstances' test,	check this box	and stop here.	Explain in f	Part IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances test—2008 more, and if the organization did not be a second to the organization of the organization	acts-and-circunances" test. The	nstances" test, o organization qua	check this box	and stop here cly supported or	Explain in Figanization	Part IV how the ► [

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

Sec	tion A. Public Support						
Ca	ilendar 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")	17,082	178,555	199,504	177,407	157,979	730,527
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	17,082	178,555	199,504	177,407	157,979	730,527
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						0
	amount on line 13 for the year	0	0	0	0	0	0
с 8	Add lines 7a and 7b Public support (Subtract line 7c from	<u> </u>	U	U	<u>U</u>	U	
	line 6)						730,527
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	17,082	178,555	199,504	177,407	157,979	730,527
	payments received on securities loans, rents, royalties and income from similar sources	0	0	658	1044	152	1854
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	658	1044	152	1854
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	17,082	178,555	200,162	178,451	158,131	732,381
14	First five years. If the Form 990 is for to organization, check this box and stop		n's first secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) ▶
Sec	tion C. Computation of Public Su		ntage				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column	(f))	15	99.7 %
16	Public support percentage from 2008 S	Schedule A, Pa	irt III, line 15			16	99 7 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 2009	9 (line 10c, col	umn (f) divided	d by line 13, co	olumn (f))	17	3 %
18	Investment income percentage from 20					18	.3 %
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this b	anızation did ni ox and stop h e	ot check the beere. The organi	ox on line 14, a zation qualifies	ind line 15 is mas a publicly s	nore than 331/3 t supported orga	%, and line inization ▶ 🗹
b	33½ % support tests – 2008. If the organ line 18 is not more than 33½ %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33 ⅓ %, and
20	Private foundation. If the organization						

Part IV	orm 990 or 990-EZ) 2009 Supplemental Information	. Complete this	part to provide the	e explanations required	by Part II, line 10,
	Supplemental Information Part II, line 17a or 17b; and	Part III, line 12.	Provide any other	additional information.	See instructions
			·		
• • • • • • • • • • • • • • • • • • • •					·····
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Friends Budget – Tax Year: April 1, 2009 to March 31, 2010

Part I- Question 10 and Part III – Question 31

Grants 4/8/2009 - IMMAWII 8/19/2009 - Eychaner Foundation - Matthew Shepard scholarships 8/19/2009 - Ft. Des Moines Museum - Edna Griffin Series 8/19/2009 - African American Museum - African American Women's Leadership Conf. 9/21/2009 - YWCA - trikeathon subtotal:	\$750.00 \$750.00 \$500.00 \$500.00 \$500.00 \$3,000 00
Misc.: 5/22/2009 - postage 7/27/2009 - postage 7/31/2009 -postage 7/31/2009 - Graphic Printing and Design - Γ-shirts for state fair booth	\$8.76 \$8.80 \$8.42 \$1,058 60
8/11/2009 - CD investment 8/11/2009 - CD investment 9/21/2009 - Room reimbursement at Caribou Coffee to Lori SchraderBachar 9/22/2009 - USPS - postage 10/22/2009 - USPS - postage 1/6/2010 - USPS - postage 2/19/2010 - USPS box rental 3/10/2010 - USPS postage 3/12/2010 - Dawn Peterson reimburse for postage 3/18/2010 - Dawn Peterson reimburse for thank you cards 3/19/2010 - USPS postage 3/25/2010 - USPS postage subtotal:	\$6,000.00 \$4,000.00 \$20.00 \$59.27 \$8.80 \$8.80 \$14.00 \$8.80 \$2.61 \$4.66 \$4.40 \$4.40 \$11,220.32

\$14,220.32

TOTAL