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### Form ~990-EZ

Department of the Treasury

Internal Revenue Service

#### **Short Form** Return of Organization Exempt From Income Tax

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

Sponsoning 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

OMB No 1545-1150 2009

Open to Public Inspection

ΑI	For th	ie 2009 ca	llendar year, or tax year beginning ${ m NOV} \ 01$ , 2009, and ending	<u> </u>	00	CT 31,2010
<b>B</b> (	Check if applicat	f ble	Please C Name of organization, number and street, city, town, state, and ZIP coo	de D E	Employe	er identification number
Ц,	Address change use IRS					10120
Н	Name change print or					
Н	nitial re		type G & B FOUNDATIONS INC		E Telephone number 718-558-0171	
H	Termina		Specific Instruct 1070 OCDENI AMENITE 6_C			
		ed return tion	tions   1070 OGDEN AVENUE 0-C		-	xemption
Ш	Applicat		BRONX NY 10452-	G Accounting	Number	<del></del>
•	Sect	ion 501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	Other (spe		X Cash   Accrual
	/ebsi	4	a completed Schedule A (Form 990 or 990-EZ).	<del></del>		ganization is not required
			tus (check only one) - X 501(c)(3 ) ◀ (insert no ) 4947(a)(1) or 527	_		(Form 990, 990-EZ, or 990-PF)
_	heck		If the organization is not a section 509(a)(3) supporting organizationand its gross re			
		_	m 990 return is not required, but if the organization chooses to file a return, be sure			
			7b, to line 9 to determine gross receipts, if \$5000,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$		23,857.
	art l		nue, Expenses, and Changes in Net Assets or Fund Balances	(See the ii	nstructio	ns for Part I.)
	_		butions, gifts, grants, and similar amounts received		1	23,855.
	2		am service revenue including government fees and contracts		2	
	3	3 Memb	ership dues and assessments		3	
	4	1 Invest	ment income		4	2.
		a Gross	amount from sale of assets other than inventory			<del>.</del>
		<b>b</b> Less	cost or other basis and sales expenses			
		c Gain c	or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). $\dots$	<u></u> .	.   5c	
9	anii a	Special of	events and activities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here	▶∐	1	
Š		a Gross	revenue (not including \$ of contributions		;	
à	Ž	reporte	ed on line 1)		l	
٠			direct expenses other than fundraising expenses		-l . l	
	_		come or (loss) from special events and activities (Subtract line 6b from line 6a) .		6c	
7011	5   7		sales of inventory, less returns and allowances		-	
			cost of goods sold		¬	
6	, I .		profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	<del></del>
~ ~	.   9		revenue (describe > revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<del></del>	8	23,857.
- X	<u> </u>			<i>J. J.</i>	9 10	3,500.
	- 1		and similar amounts paid (attach schedule)	S	11	3,300.
Ш	2 12		ts paid to or for members	11[0]	12	
<u> </u>	13		isional fees and other payments to independent contractors		13	1,750.
ANNEN	14	_	ancy rent utilities and maintenance	~ -	14	27.00.
SC	)   ``  15		g, publications, postage, and shipping		15	1,237.
(C)	16		expenses (describe ▶OTHER EXPENSES	)	16	19,410.
	17		expenses. Add lines 10 through 16	,	17	25,897.
_	18				18	(2,040.)
Not Accore	19		sets or fund balances at beginning of year (from line 27, column (A)) (must agree v	vith		
Š	ĉ	end-of	-year figure reported on prior year's return)		. 19	2,547.
Š	20	Other	changes in net assets or fund balances (attach explanation)		. 20	
	21	Net as	<u> </u>	<u></u> ⊅		507.
P	art II	Balaı	nce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file			Form 990-EZ.
				Beginning of y		(B) End of year
			, and investments	2,547	-	507.
			lings		23	
		•	describe •)	0 5 4 5	24	<u> </u>
		assets		2,547		507.
			(i) (describe )	2 5 4 7	26	507
			fund balances (line 27 of column (B) must agree with line 21)	2,547	. 27	507. Form <b>990-EZ</b> (2009)
For	Priva	icy Act ar	d Paperwork Reduction Act Notice, see the separate Instruction.			Form 990-EZ (2009)

US990EZ1

ra	(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		x
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		
34	the changes	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	54		
55	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,			l
-	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?	000		
50	If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions .   37a 0	ا مق		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a		3.5	, ,	
Joa	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	1 1	l x
_		304		
30 D		-		
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39 a	-		
40 =	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
<b>.</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction	-	1 1	1
b	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			l
	Schedule L, Part I	40b		X
_	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified	405		<del></del>
·	persons during the year under sections 4912, 4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by			İ
u	the organization			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			1
-	If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed.   NY	400		
		8-87	5-0	556
72 a		52-		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
U	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: ▶		i l	4 1
	See the instructions for exceptions and filing requirements foForm 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	1 1	х
C		420	i	
42	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here			
43	<u> </u>	• •••	•	' Ц
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Ven	N-
	Did the assessment assessment and describe and for dealers to the second to be seen to the second of	ļ	Yes	МО
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	مدا		v
	Form 990-EZ	44	ı l	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"	45		v
	Form 990 must be completed instead of Form 990-EZ	.  45 990-E	[]	X_
	Form	ココリー!	<b>=Æ</b> (2	.009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

candidates for public office? If "Yes," complete Schedule C, Part I	6 Did th							
Total number of other employees paid over \$100,000		ie organization engage in direct or inc	lirect political campaign a	ctivities on behalf of or	n opposition to		Yes	No
s is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						<b>—</b>		
Did the organization make any transfers to an exempt non-chantable related organization?  If Yes, was the related organization to an exempt non-chantable related organization?  Omplete this table for the organization is the 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 address of each employee paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  ONE  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other employees paid over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$100,000  If Total number of other independent contractors each receiving over \$10								
b if "Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) whe each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each employee paid more than \$100,000  (b) Tritle and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans & deferred compensation of the allowances  (e) Expense account and other allowances  (a) Name and address of each independent some state of the organization if there is none, enter "None."  (a) Name and address of each independent contractors 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 address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Contributions to employee benefit plans & deferred compensation of the relative to the regarization of the relative to the organization is 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 address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Expense account and organization for the received more than \$100,000 of compensation of the received more than		=						
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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    OD / 09/2011   Date	1. Total c	umber of other independent contracts	re each recoving over \$1	00.000				
Signature of officer  GLORIA BENFIELD  Type or print name and title.  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Page 100 PRESIDENT  PRESIDENT  Check if self-employed ▶ Preparer's Identifying No (See instead of the property of the property of the property of the preparer's Identifying No (See instead of the property of the property of the property of the preparer's Identifying No (See instead of the property of the preparer's Identifying No (See instead of the property of the preparer's Identifying No (See instead of the preparer's Identifying No (S	I Total nu	•						
Signature of officer  GLORIA BENFIELD  Type or print name and title.  Preparer's signature  Preparer's see Only  If self-employed), address, and ZIP + 4  Page 100	1 Total nu	Under penalties of penjury, I declare that I have	examined this return, including ac	companying schedules and stat	ements, and to the best of my knowle	edge		
GLORIA BENFIELD  PRESIDENT  Type or print name and title.  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  PRESIDENT  Preparer's   Preparer's Identifying No (See instead of the property of the property of the property of the preparer's left of the preparer's lef		Under penalties of penjury, I declare that I have	e examined this return, including acclaration of preparer (other than off	companying schedules and stat	ements, and to the best of my knowle of which preparer has any knowledge	rdge		
Type or print name and title.  Preparer's signature	ign	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Declared to the correct of the	e examined this return, including acclaration of preparer (other than off	companying schedules and stat	rements, and to the best of my knowledge of which preparer has any knowledge	rdge		
Preparer's signature	ign	Under penalties of penury, I declare that I have and belief, it is true, correct, and complete Designature of officer	e examined this return, including acclaration of preparer (other than off	companying schedules and statices as a second companying schedules and statices are second companying schedules.	ements, and to the best of my knowledge of which preparer has any knowledge $0 \frac{1}{2} \sqrt{0.9 / 2.0}$ Date	rdge		
aid reparer's see Only    Signature	ign	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Desagnature of officer GLORIA BENFIELD	e examined this return, including acclaration of preparer (other than off	companying schedules and statices as a second companying schedules and statices are second companying schedules.	ements, and to the best of my knowledge of which preparer has any knowledge $0 \frac{1}{2} \sqrt{0.9 / 2.0}$ Date	rdge		
Firm's name (or yours if self-employed), address, and ZIP + 4  TAXPERTS COMPANY INC  EIN 11-2576892  TAXPERTS COMPANY INC  169-04 HILLSIDE AVENUE  JAMAICA NY 11432-  Phone no.	ign	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Declared in the series of the se	e examined this return, including acclaration of preparer (other than off	companying schedules and statice instance on all information	ements, and to the best of my knowle of which preparer has any knowledge 0 2 0 9 / 2 0  Date	edge		ınst
if self-employed), address, and ZIP + 4  169-0  HILLSIDE AVENUE  JAMAICA NY 11432-  Phone no.▶	ign ere	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete. Declared that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and correct that I have and belief, it is true, correct, and correct that I have and belief, it is true, correct, and correct that I have and belief, it is true, correct, and correct that I have a subject to the correct	e examined this return, including acclaration of preparer (other than off	companying schedules and statice instance on all information  PRESIDE	ements, and to the best of my knowle of which preparer has any knowledge   0 1 / 0 9 / 2 0   Date   ENT   Preparer's lo	adge 11	(See	ınst
address, and ZIP + 4 JAMAICA NY 11432 − Phone no. ▶	ign lere aid reparer's	Under penalties of penury, I declare that I have and belief, it is true, correct, and complete Declaration of the Declaration o	e examined this return, including acclaration of preparer (other than off	PRESIDE  One of the companying schedules and state Cheeping and state	ements, and to the best of my knowle of which preparer has any knowledge    0 \( \)	dentifying No	(See	ınst
	d Total nu	Under penalties of penury, I declare that I have and belief, it is true, correct, and complete Designature of officer  GLORIA BENFIELD  Type or print name and title.  Preparer's signature  Firm's name (or yours TAXP)	examined this return, including acclaration of preparer (other than off	PRESIDE  Online  Onlin	ements, and to the best of my knowle of which preparer has any knowledge    0 \( \)	dentifying No	(See	ınst
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US990EZ4

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number Name of the organization 41-2218138 G & B FOUNDATIONS INC (All organizations must complete this part ) See instructions Reason for Public Charity Status The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described isaction 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described irsection 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) An organization that normally receives: (1) more than 33 1/3 % 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 1/3 % 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. Sessection 509(a)(2) (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seeection 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) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c | Type III - Functionally integrated d | Type III - Other 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 I, Type II 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization?..... 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? ...... (iii) A 35% controlled entity of a person described in (i) or (ii) above? ........... 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (vi) Is the (v) Did you (iv) Is the organorganization (described on lines 1-9 ization in col notify the organization in support above or IRC section (i) listed in your organization in col (i) (see instructions)) governing col (i) of your organized document? support? in the US.? Yes Yes Yes

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	box on line 9 of l	Part I)				
Sec	tion A. Public Support						
Ca	lendar 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					ļ	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchan-						!
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	-					
	benefit and either paid to or expended on						
	ıts 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						
	Amounts included on lines 1, 2, and 3			i			
	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		1				
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	<u> </u>				1	
	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		(2) - 2000	(5) = 551	(4) = 555	(0) = 00 =	(1/2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
	Gross income from interest, dividends,						. ——
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
h	Unrelated business taxable income (less		-				
_	section 511 taxes) from businesses						
	acquired after June 30,1975						
c	Add lines 10a and 10b						
	Net income from unrelated business		<del></del>		<u> </u>		
••	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
12	Total support. (Add lines 9, 10c, 11, & 12.)			-			
	• • • • • • • • • • • • • • • • • • • •	nazation's first s	occord third for	eth or fifth tox vo	ar as a sactor f	501(a)(3)	
14	First five years. If the Form 990 is for the organization, check this box and stop here			-		001(0)(3)	▶ □
800	tion C. Computation of Public Suppo			· · · · · · · · · · · · · · · · · · ·	·		
	Public support percentage for 2009 (line 8, col					15	0.00 %
			•			<del></del>	100.00 %
	Public support percentage from 2008 Schedul					[ 10]	100.00 %
	tion D. Computation of Investment In			column (fl)	-	17	0.00 %
	Investment income percentage for 2009 (line 10		-				100.00 %
	Investment income percentage from 2008 Sche						
198	33 1/3 % support tests - 2009. If the organizat						, is
	not more than 33 1/3 %, check this box and sto	-			• •		and line 19
D	33 1/3 % support tests - 2008. If the organizat						
20	is not more than 33 1/3 %, check this box ands		_	· · · · · · · · ·			₹ ႘
∠U	Private foundation. If the organization did not	CHECK 9 DOX OU	e 14, 19a, of 1	эь, спеск (ЛIS D(	ox and see instr	100015	▶ [시

Rev 1

## **Detail Sheet**

Name: G & B FOUNDATIONS INC	ID: 41-2218138
Description: INCOME-	
Туре	Amount
DONATIONS	8,476. 5,499. 9,880.
DONATIONS GRANTS	5,499.
FUNDRAISING	9,880.
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<u> </u>	
<del>-</del>	
·····	
	23,855.

Name: G & B FOUNDATIONS INC	ID: 41-2218138
Description: LINE 10- GRANTS PAID	
Туре	Amount
SCHOLARSHIP GRANTS	3,500.
· · · · · · · · · · · · · · · · · · ·	
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	2 500

# **Detail Sheet**

Name: G & B FOUNDATIONS INC	ID: 41-2218138
Description: PROFESSIONAL FEES	
Туре	Amount
ACCOUNTING SERVICES	1,750.
	· · · · · · · · · · · · · · · · · · ·
	***
Total	1,750.
I VIII	1,750.

Name: G & B FOUNDATIONS INC

Description: LINE 16-OTHER EXPENSES	
Туре	Amount
ANNUAL FUND RAISING GALA	13,422.
BACK TO SCHOOL PROGRAM EXPENSES	1,646.
BANK SERVICE CHARGES	291.
LICENSE & PERMITS	10.
OFFICE SUPPLIES	590.
SMALL OFFICE EQUIPMENT	486.
	540.
MAIL BOX RENTAL	650.
PROMOTIONAL IMPING FOR CULL PRIN	484.
PROMOTIONAL ITEMS FOR CHILDREN	
STATIONARY AND PRINTING	219.
WEB DESIGN EXPENSE	248.
TRANPORTATION FOR STUDENTS	89.
TRAVEL EXPENSES	15.
TAX EXPENSE	720.
	<del></del>
<del></del>	
Total	19,410.
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