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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable	C Name of organization CREW of Northern Nevada		D Employer identification number 20-1282751
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number (775) 721-2057
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4		F Group Exemption Number NV 89515
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method. Cash Accrual Other (specify) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► www.crewnn.orgJ Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ▶ (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **69,832.**

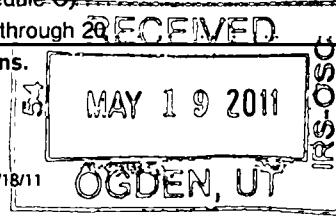
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	9,060.	
	2 Program service revenue including government fees and contracts	2	10,140.	
	3 Membership dues and assessments	3	15,355.	
	4 Investment income	4	15.	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less. cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	35,245.	
	c Less. direct expenses from gaming and fundraising events	6c	30,793.	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,452.	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less. cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8	17.	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	39,039.	
	See Form 990-EZ, Part I, Line 8 Other Revenue			
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	2,000.	
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13	13,235.	
	14 Occupancy, rent, utilities, and maintenance	14	1,651.	
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	27,571.	
	17 Total expenses. Add lines 10 through 16	17	44,457.	
	See Form 990-EZ, Part I, Line 16 Other Expenses			
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,418.	
ASSETS/NET	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,931.	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,513.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0812 02/18/11



Form 990-EZ (2010)

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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	19,931.22	14,513.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O) _____)	0.24	0.
25 Total assets	19,931.25	14,513.
26 Total liabilities (describe in Schedule O) _____)	0.26	0.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	19,931.27	14,513.

Part III Statement of Program Service Accomplishments (see the instrs 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? **NETWORKING/ADVANCEMENT OF WOMEN REAL ESTATE PROFESSIONALS**

Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts, optional for others.)

28 THE ORGANIZATION HOLDS MEMBERSHIP MEETINGS TO PROVIDE WOMEN IN REAL ESTATE CAREERS AN OPPORTUNITY TO NETWORK AND RECEIVE EDUCATION ON ISSUES TO FURTHER ADVANCE THEIR CAREERS		
(Grants \$ _____)	If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29 _____		
(Grants \$ _____)	If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30 _____		
(Grants \$ _____)	If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ _____)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 32

Part IV 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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ELIZABETH FIELDER 100 W LIBERTY ST, 12th FLOOR RENO NV 89501	Past Pres 2.00	0.	0.	0.
MELISSA MOLYNEAUX 10765 DOUBLE R BLVD., STE 100 Reno NV 89521	PRESIDENT 5.00	0.	0.	0.
ELIZABETH TESKE 5500 EQUITY AVENUE RENO NV 89502	PRES. ELECT 2.00	0.	0.	0.
BRAD BONKOWSKI 223 S DIVISION STREET CARSON CITY NV 89703	TREASURER 5.00	0.	0.	0.
WENDY PITTS PO Box 11130 Reno NV 89520	SECRETARY 3.00	0.	0.	0.
GINA ALBANESE 1205 S. MEADOWS PARKWAY Reno NV 89521	DIRECTOR 1.00	0.	0.	0.
KIMBERLY CLARK 5250 NEIL RD, STE 100 RENO WY 89501	DIRECTOR 1.00	0.	0.	0.
MARION TAVENER-HOSE 201 W LIBERTY ST, LOWER LEVEL RENO NV 89501	DIRECTOR 1.00	0.	0.	0.
ANDY TOURIN 1450 RIDGEVIEW DRIVE RENO NV 89519	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
34 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) 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, explain in Schedule O why the organization did not report the income on Form 990-T. 35a 35b
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 36
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? 37a 0.
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 37b
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 38a
b Did the organization file **Form 1120-POL** for this year? 38a
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 tax year covered by this return? 38b
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a 39b
39 Section 501(c)(7) organizations Enter. 40a
a Initiation fees and capital contributions included on line 9 40b
b Gross receipts, included on line 9, for public use of club facilities 40c
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40d ; section 4912 ► 40e ; section 4955 ► 40f
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 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 40g
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40h
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40i
e 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 40j
41 List the states with which a copy of this return is filed ► 40k

42a The organization's books are in care of ► **BRAD BONKOWSKI** Telephone no. ► **(775) 888-6168**
 Located at ► **PO BOX 20721** **RENO** **NV** ZIP + 4 ► **89515**

	Yes	No
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 ► 42d

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country ► 42e

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 ► **43** 43

	Yes	No
44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44a
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. 44b
c Did the organization receive any payments for indoor tanning services during the year? 44c
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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 inst.)	45a	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	46	X

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

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Sign Here	► Signature of officer	Date			
	► <u>Kimberly Stoops-Nicetel, Treasurer</u> Type or print name and title.				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Barbara L. Wardwell, CPA	<i>Barbara L. Wardwell, CPA</i>	05/11/11		
	Firm's name ► Barbara L. Wardwell, CPA			Firm's EIN ►	
Firm's address ► 335 West First Street					
	Reno	NV	89503	Phone no.	(775) 324-3455

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

CREW of Northern Nevada

20-1282751

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>GOLF TOURNAMENT</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	34,140.			34,140.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	34,140.			34,140.
DIRECT EXPENSES	4 Cash prizes ...	1,000.			1,000.
	5 Noncash prizes	4,535.			4,535.
	6 Rent/facility costs	7,164.			7,164.
	7 Food and beverages	7,424.			7,424.
	8 Entertainment				
	9 Other direct expenses	9,254.			9,254.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				29,377.
	11 Net income summary. Combine line 3, column (d), and line 10				4,763.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers?

Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity operated in

13a %
13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

of gaming revenue retained by the third party ► \$

c If 'Yes,' enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization

CREW of Northern Nevada

Employer identification number

20-1282751

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Banking reimbursements 17.

Total

17.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

DELEGATION/CONVENTION EXPENSES	<u>6,048.</u>
PROGRAM MEETING EXPENSES	<u>13,694.</u>
MEMBERSHIP EXPENSES	<u>7,398.</u>
BOARD MEETING EXPENSES	<u>431.</u>

Total

27,571.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANDIE WILSON 223 S. DIVISION STREET CARSON CITY NV 89703	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LYNDA J MAHORTER 5340 KIETZKE LANE, SUITE 200 RENO NV 89511	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DESIREE FLANARY 2601 SAGEBUSH DRIVE, STE 101 FLOWER MOUND TX 75028	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRITTANY DIEHL 5555 KIETZKE LANE, STE 150 RENO NV 89511	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ADRIEN BURNET 6572 S MCCARRAN BLVD RENO NV 89509	Title DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	0.
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KIMBERLY A PHIPPS-NICHOL 2650 HUNTER LAKE DRIVE RENO NV 89509	Title DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	0.
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROXANNE STEVENSON 10765 DOUBLE R BLVD, STE 100 RENO NV 89521	Title DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	0.
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JANET CHUBB 100 WEST LIBERTY, 12TH FLR RENO NV 89501	Title BOARD COUNSEL			
Foreign city _____	Hours/Week 0.00	0.	0.	0.
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LYNN REMICK PO BOX 20721 RENO NV 89515	Title CHPTR ADMIN			
Foreign city _____	Hours/Week 15.00	11,000.	0.	0.
Foreign country _____				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment		<u>Scholarship</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> University of Nevada Foundation UNR-College of Business-Mail Stop 0024 Reno NV 89557	None	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:**Form 990-EZ/Line 14**

Description	Amount
Dues and subscriptions	600.
Credit card merchant fees	486.
Gifts/flowers	75.
Insurance	405.
Secretary of State filing	25.
PO Box rental	60.
Total	<u>1,651.</u>