

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

SCANNED AUG 3 0 2011

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, 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

OMB No 1545-1150

2010

Open to Public Inspection

ΑI	For the :	2010 calenda	ar year, or tax year beginning ,	2010, an	d ending			, 20			
В	Check if ap	applicable C Name of organization D Ei				D Employ	Employer identification number				
	Address ch	nange	INTERNATIONAL ORDER OF THE RAINBOW COLORA	ADO GRA	ND	84-	6022	548			
□	Name char	hange Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele						phone number			
□ I	nıtıal returr	n									
\Box	Terminated	1	9247 W ARIZONA AVE			(30	3) 98	5-8184			
	Amended r	return	F Group i	Exemp	tion						
	Application	pending	LAKEWOOD, CO 80232-5112			Numbe	r 🕨	5329			
G	Accoun	ting Method	X Cash		н	Check ► [X ıftl	he organization is not			
ı	Websit	e: <u>www.</u>	coloradorainbow.org			required to	attach	Schedule B			
<u>J</u> .	Tax-exe	mpt status (check only one) - X 501(c) (3) 501(c)() ◀ (insert no)	4947(a)(1)	or 527	(Form 990,	990-E	Z, or 990-PF)			
K	Check 🕨	► ☐ If the o	rganization is not a section 509(a)(3) supporting organization ar	nd its gros	s receipts are	normally no	t more	than \$50,000 A			
ı	Form 99	0-EZ or Form	990 return is not required though Form 990-N (e-postcard) mag	y be requ	ıred (see ınstrı	uctions) But	ıf the c	organization chooses			
1	to file a r	return, be sur	e to file a complete return								
L.	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$	200,000	or more, or if to	otal assets (F	Part II,				
1	ine 25, d	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Form 990-	EZ ··		• • • • •	• ▶ \$	57,475			
Pi	art I	Revenu	e, Expenses, and Changes in Net Assets or Fun	d Balar	ices (see t	he instruction	ns for F	Part I)			
		Check if th	e organization used Schedule O to respond to any question in t	this Part I	• • • • • •	• • • • • •		· · · · · · · · · · · · · X			
	1	Contribution	s, gifts, grants, and similar amounts received • • • • • • •				1	3,811			
	2	Program ser	vice revenue including government fees and contracts			• • • • [2	51,435			
	3	Membership	dues and assessments · · · · · · · · · · · · · · · · · · ·				3				
	4	Investment i	ncome · · · · · · · · · · · · · · · · · · ·	• • • • •		• • • • • [4	2,229			
	5a	Gross amou	nt from sale of assets other than inventory	• • • 5a	1						
			r other basis and sales expenses · · · · · · · · · · · · · · · · · ·								
	C	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	ı lıne 5a)	• • • • • • •		5c				
R	6	Gaming and									
e	a	Gross incom									
v e		\$15,000) •		••• 6a	ı						
n	b	Gross incom	ne from fundraising events (not including \$		of contributio	ns					
u e		from fundrai	sing events reported on line 1) (attach Schedule G if the								
		sum of such	gross income and contributions exceeds \$15,000) · · · · ·	• • • 6t)						
	С	Less direct	expenses from gaming and fundraising events	6	;						
	d		or (loss) from gaming and fundraising events (add lines 6a and								
		line 6c) · ·				• • • • •	6d				
	7a	Gross sales	of inventory, less returns and allowances	• • • 7a)						
	b	Less cost o	f goods sold • • • • • • • • • • • • • • • • • • •	· • • 7t)						
			or (loss) from sales of inventory (Subtract line 7b from line 7a)				7¢				
	8	Other reven	ue (describe in Schedule O)		• • • • • •	• • • • •	8				
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · ·			<u>···</u> · ▶	9	57,475			
	10	Grants and	• • •	10							
E	11		d to or for members · · · · · · · · · · · · · · · · · · ·			18	11				
X	12		ner compensation, and employee benefits · · · · · · · dici	• • • • • • • • • • • • • • • • • • • •		löl · ·	12				
p e	13	Professiona	l fees and other payments to independent contractors 🕟 👸	. AUG	1.7. 200.	က်	13				
n s	14	Occupancy,	rent, utilities, and maintenance			JE · ·	14				
6	15	Printing, put	olications, postage, and shipping 🕠 • • • • • • • • • • • • • • • • • •		15	922					
S	16	Printing, publications, postage, and shipping						46,601			
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · ·				17	47,523			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) · · · · · ·				18	9,952			
NS	19		or fund balances at beginning of year (from line 27, column (A))								
NS e e t	:	end-of-year	figure reported on prior year's return) • • • • • • • • • • • • • • • • • • •		• • • • • •	• • • • •	19	184,053			
			es 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	194,005			
Fo	r Paper	work Reduct	ion Act Notice, see the separate instructions.		EEA			Form 990-EZ (2010)			

Pai	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 · · · · · · · · · · · · · · · · · ·			•
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		_ X
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			ĺ
	change on Schedule O (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			ĺ
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		I	
а	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? • • • • • • • • •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			i
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36	LI	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a			·
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a	L	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •	ļ		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			ı
	Gross receipts, included on line 9, for public use of club facilities			44
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 ▶	, »	\$ V	
þ	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	1		
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • • • • • • • • • • • • • • • • • • •			4
4	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			3 4
u	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			*
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		'	
·	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CO,	400	L1	
	The organization's books are in care of ▶ SUPREME INSPECTOR IN COLORADO Telephone no ▶ 303-9	85-8	184	
	Located at ▶ 9247 W ARIZONA AVE LAKEWOOD, CO ZIP+4 ▶ 80232			
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		Х
	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.	<u></u>	<u> </u>	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c		X
	If "Yes," enter the name of the foreign country.			
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 • • • • • • • • • • • • • • • • • • •			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>		ļ
	completed instead of Form 990-EZ	44a	ļ	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		<u> </u>	
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		 	İ
_	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d)0 F7	(0010

roili	330-62	(2010) INTERNATIO	NAL ORDER OF	THE RAINBOW CO	LORADO GRAND		84-60	22548		age 4
									Yes	No
45		elated organization a controlled en organization receive any payment	-				• • • • • •	45		X
а		g of section 512(b)(13)? If "Yes," F		•	•					
		90-EZ (see instructions) · · · · ·		•				· 45a		Х
46		organization engage, directly or in						100		_
		idates for public office? If "Yes," o	* .		• •			. 46	ļ	X
Par	;	Section 501(c)(3) organiza 501(c)(3) organizations and and 52, and complete the ta Check if the organization us	section 4947(a bles for lines 5	i)(1) nonexempt ch 0 and 51.	naritable trusts i	must ans	swer questi	ons 47-4	19b	•□
							_		Yes	No
47	Did the	organization engage in lobbying a	ctivities? If "Yes,"	complete Schedule C,	Part II · · · · ·		• • • • • •	. 47		Х
48		rganization a school as described						<u> </u>		Х
49 a		organization make any transfers to		-				_ 		X
		was the related organization a se	-							<u> </u>
50		ete this table for the organization's ees) who each received more than					•	y		
	employ	ees) who each received more than	\$ 100,000 01 00111	(b) Title and average	(c) Compensation		Contributions to	(e)	Expense	
	(a) Na	me and address of each employee paid mor than \$100,000	e	hours per week devoted to position	.,	employe	ee benefit plans & ed compensation	acc	ount an	d
	_						· · · · ·			
мом	<u> </u>			 		_				
f 51 ——	Comple \$100,00	umber of other employees paid over the this table for the organization's 00 of compensation from the organ Name and address of each independent co	five highest compe ization If there is	ensated independent connone, enter "None"	ontractors who each		more than	(c) Comper	nsation	
		· ·	·	· ·				(7		
NONI	<u> </u>									
						· · · · · · · · · · · · · · · · · · ·				
					L					
d		umber of other independent contra organization complete Schedule A		•	• • <u></u>					
52		mpt charitable trusts must attach a						X Yes		No
Under		of penury, I declare that I have examined this	•				ge and belief, it is	<u> </u>	<u></u> _	
		complete Declaration of preparer (other tha				,				
		000	•			. 6	110/11		-	
Sig	,	Alebry 1 W				10/	<u> </u>			
Her		Signature of officer				Date /	/			
			E INSPECTOR	IN COLORADO			· ·			
		Type or print name and title Print/Type preparer's name	Preparer's sig	anatura	Date			PTIN		
Paid		The type propagations	riepaiers Sig	grianul U	Jale		check if elf-employed	""		
Prep	arer	Firm's name				Firm's E	 _	ı		
Use		Firm's address				1 111113	·····			
	••		**, **			Phone r	no			
May	the IRS	discuss this return with the prepare	er shown above?	See Instructions · · ·	• • • • • • • •		• • • • • •	Yes		No
					FEA			Form 9	00-E7	(2010

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

2010

Inspection

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

INTERNATIONAL ORDER OF THE RAINBOW COLORADO GRAND

Employer identification number 84-6022548

					•				/				
	rt I			y Status (Ali organiz					ructions				
The	orga	•		ause it is (For lines 1 thi	•	•	•						
1	닏			association of churches		n section	170(b)(1)	(A)(i).					
2	닏			(1)(A)(ii). (Attach Schedu									
3	Ц			ervice organization descr									
4	Ш		organization opera	ated in conjunction with a	a hospital o	described	In section	170(b)(1)	(A)(iii). En	ter the hos	spital's n	ame,	
_		city, and state											
5	Ш	-		fit of a college or univers	sity owned	or operate	d by a gov	ernmenta/	i unit desc	ribed in			
	_	section 170(b)(1)(A											
6	\sqcup	A federal, state, or I	ocal government o	or governmental unit des	cribed in s	ection 170	0(b)(1)(A)(v).					
7		An organization that	t normally receives	s a substantial part of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public			
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II)									
8	\sqcup	A community trust d	lescribed in sectio	on 170(b)(1)(A)(vi). (Con	nplete Part	11)							
9	X	An organization that	t normally receives	s (1) more than 33 1/3%	of its supp	ort from c	ontribution	ıs, membe	ership fees	, and gross	S		
				kempt functions - subject									
		• • •		e and unrelated business		-		511 tax) fro	om busine	sses			
	_			e 30, 1975 See section									
10	Ц			ed exclusively to test for									
11		-	•	ed exclusively for the be		•			•				
		•		orted organizations des						esection			
				es the type of supporting	_		•		ough 11h	_			
	_	a Type I	b Typ		Type III				d		III-Other		
е	Ш			organization is not contr		-			- ·				
		·	-	ers and other than one o	r more put	olicly supp	orted orga	nizations (described i	n section			
_		509(a)(1) or section						_					
f				letermination from the IR	lS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check					• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • •	• • •
g		=	006, has the organ	ization accepted any gift	or contrib	ution from	any of the						
		following persons?											
		• •	•	y controls, either alone o	•	•		ed in (II)				Yes	No
				ly of the supported organ				• • • • •		• • • • •	11g(i)		
		• •		scribed in (i) above? • •			• • • • •	• • • • •	• • • • •	• • • • •	11g(ii)	ļ	
		• •	•	on described in (i) or (ii)		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(W)	L	
<u>h</u>			1	it the supported organiza									
	(I) N	lame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c	-	(v) Did y the organ	-	(vi) organizat	Is the	1 ' '	Amount apport	of
		-		above or IRC section	governing		∞i (i)		(i) organizat		ď	appoit	
				(see instructions))		1	sup	port?	U	S ?			
					Yes	No	Yes	No	Yes	No			
(A)			ł										
					ļ	ļ	<u> </u>		ļ				
(B)			<u> </u>						ļ				
					<u> </u>				<u> </u>				
(C)									ł				-
					<u> </u>	ļ							
(D)													
(E)													
·													

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included					/	
	on line 1 that exceeds 2% of the amount			~		·	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4				<u></u>	· *	
<u>Sec</u>	tion B. Total Support						
Cale	ıdar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				<u> </u>		
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 •	* *	· · ·	. *			**
12	Gross receipts from related activities, etc.	see instructions)		• • • • • • •		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, for	urth, or fifth tax ye	ar as a section 501	(c)(3)	· · · · · ▶□
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2010 (line 6,					14	%
15	Public support percentage from 2009 Sche					15	%
16a	· • • • • • • • • • • • • • • • • • • •						
	and stop here. The organization qualifies a						• • • • • □
þ	33 1/3% support test - 2009. If the organiz						
	box and stop here. The organization qualif						• • • • • □
17a	10%-facts-and-circumstances test - 2010	_					
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst		-				· · · · · ▶□
b	10%-facts-and-circumstances test - 2009						
	more, and if the organization meets the "fa						. —
18	organization meets the "facts-and-circumst Private foundation. If the organization did		-				

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 or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,598	6,665	5,625	7,746	3,811	36,445
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						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·	12,598	6,665	5,625	7,746	3,811	36,445
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
С	Add lines 7a and 7b · · · · · · · · ·		·				
8	Public support (Subtract line 7c from line 6.)					WEE	36,445
	ction B. Total Support		T			· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	12,598	6,665	5,625	7,746	3,811	36,445
iva	payments received on securities loans, rents, royalties and income from similar sources	4,089	3,328	3,921	2,354	2,229	15,921
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · ·	4,089	3,328	3,921	2,354	2,229	15,921
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	16,687	9,993	9,546	10,100	6,040	52,366
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	· · · · ▶ 🗓
<u>Sec</u>	ction C. Computation of Public Su Public support percentage for 2010 (line 8,	column (f) divided	by line 13, column			15	%
16	Public support percentage from 2009 Schei	dule A, Part III, line	e 15 • • • • • •	• • • • • • • •	• • • • • • • •	16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2010 (lin					17	%
18	Investment income percentage from 2009 S	Schedule A, Part II	I, line 17 · · · ·	• • • • • • • •	• • • • • • • • • •	18	%
	33 1/3% support tests - 2010. If the organi 17 is not more than 33 1/3%, check this box	x and stop here. T	The organization qu	ualifies as a public	ly supported organ	ization • • • • •	▶ 🗀
	33 1/3% support tests - 2009. If the organiline 18 is not more than 33 1/3%, check this	s box and stop he	re. The organization	on qualifies as a pu	ublicly supported o	rganization · · ·	
20	Private Foundation: If the organization did	i not check a box o	on line 14, 19a, or	19b. check this bo	x and see instructi	ons · · · · ·	• • • • • ▶

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

INTERNATIONAL ORDER OF THE RAINBOW COLORADO GRAND

84-6022548

Employer identification number

01. Description of other expenses (P	art I, line 16)	
Description	Amount	
Donations	5,500	
Grand Assembly Dress Expenses	93	
Grand Assembly Hotel Expenses	33,786	
Grand Assembly Other Expenses	513	· · · · · · · · · · · · · · · · · · ·
GWA Stipend & Other Expenses	1,155	·····
GWAA Expenses	267	
Insurance	1,030	
Rainbow Promotion	1,819	
Rent	100	
Office Supplies Expense	98	
Supreme Officer Expenses	516	
Trailer Expenses	475	
GWA Special Service Project	306	
Meals Expense	100	
Travel Fund Disbursements	700	
State Filing Fees	10	
Education	127	
Bank Charges	6	
		-