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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, 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

A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011	C BOZEMAN NOON ROTARY CLUB P.O. BOX 6133 BOZEMAN, MT 59771		D Employer identification number 81-0113925 E Telephone number F Group Exemption Number ►			
G Accounting Method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
I Website: ► N/A						
J Tax-exempt status (ck only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) 4947(a)(1) or 527						
K Check ► <input type="checkbox"/> 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 ► \$ 93,916.						
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. <input checked="" type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8 </td> <td style="width: 30%; vertical-align: top; text-align: right;"> 1 59,547. 2 3 4 171. 5a 5b 5c 6a 6b 30,539. 6c 8,878. 6d 21,661. 7a 7b 7c 8 3,659. 9 85,038. 10 23,499. 11 12 13 3,610. 14 15 175. 16 56,485. 17 83,769. 18 1,269. 19 48,877. 20 -15,016. 21 35,130. </td> </tr> </table>					1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8	1 59,547. 2 3 4 171. 5a 5b 5c 6a 6b 30,539. 6c 8,878. 6d 21,661. 7a 7b 7c 8 3,659. 9 85,038. 10 23,499. 11 12 13 3,610. 14 15 175. 16 56,485. 17 83,769. 18 1,269. 19 48,877. 20 -15,016. 21 35,130.
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REVENUE EXPENSES NET ASSETS						
RECEIVED See Schedule O <div style="text-align: center; border: 1px solid black; padding: 5px; display: inline-block;"> JUL 18 2011 IRS-OSC OGDEN, UT </div> See Schedule O See Schedule O See Schedule O						
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16						
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O 21 Net assets or fund balances at end of year. Combine lines 18 through 20						

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

Form 990-EZ (2010)

25

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	20,651.	28,551.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	42,189.	12,034.
25 Total assets	62,840.	40,585.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	13,963.	5,455.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	48,877.	35,130.

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? See Schedule O

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.

28 PROVIDES BENEFIT TO THE GENERAL COMMUNITY; SERVES LESS THAN 500 AND ISSUES NO PUBLICATIONS

(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)			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
JIM CASHELL PO BOX 6133 BOZEMAN, MT 59771	President 0	0.	0.	0.
KANDY ROSS PO BOX 6133 BOZEMAN, MT 59771	PRESIDENT ELECT 0	0.	0.	0.
TERRY L ALBORN PO BOX 6133 BOZEMAN, MT 59771	Treasurer 0	0.	0.	0.
KRIS NIXON PO BOX 6133 BOZEMAN, MT 59771	Secretary 0	0.	0.	0.
BILL PRICE PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
DEE FIELD PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
JACKIE VICK PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.
SHAWN HERTZ PO BOX 6133 BOZEMAN, MT 59771	Director 0	0.	0.	0.

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
33	X	
34	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 change on Schedule O (see instructions)**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.**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?**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?**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**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0.**

36	X
37b	X

b Did the organization file **Form 1120-POL** for this year?**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?****b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	0.
39b	0.

39 Section 501(c)(7) organizations Enter**a** Initiation fees and capital contributions included on line 9**b** Gross receipts, included on line 9, for public use of club facilities**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A****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**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 ► **0.****d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.****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**41** List the states with which a copy of this return is filed ► **None**

40b	
40e	X

42a The organization'sbooks are in care of ► **TERRY L ALBORN** Telephone no ► **406-587-1277**Located at ► **220 W LAMME STE 3A BOZEMAN MT** ZIP + 4 ► **59771-1965****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: ►

	Yes	No
42b	X	

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: ►

42c	X
-----	---

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** **N/A**

	<input type="checkbox"/>	N/A
--	--------------------------	-----

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ**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**c** Did the organization receive any payments for indoor tanning services during the year?**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

	Yes	No
44a	X	
44b	X	
44c	X	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45	X	
45a	X	
46	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.)

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

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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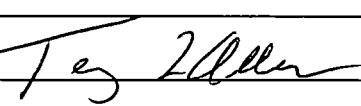
f Total number of other employees paid over \$100,000 ►

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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 ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
Sign Here	<input type="checkbox"/> Signature of officer TERRY L ALBORN  <input type="checkbox"/> Type or print name and title Treasurer			
	Print/Type preparer's name TERRY ALBORN		Date 7-14-2011	Check <input type="checkbox"/> if self-employed N/A
Paid Preparer Use Only	Firm's name ► Junkermier Clark Campanella Stevens P.C.		Firm's EIN ► N/A	Phone no (406) 587-1277
	Firm's address ► 220 West Lamme, Suite 3-A Bozeman, MT 59715			

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

BAA

Form 990-EZ (2010)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

BOZEMAN NOON ROTARY CLUB

81-0113925

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations **e** Solicitation of non-government grants
b Internet and email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

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
1		Yes	No		
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>MAGIC SHOW FUN</u> (event type)	(b) Event #2 _____	(c) Other events _____	(d) Total events (add column (a) through column (c))
		(event type)	(total number)		
	1 Gross receipts	23,889.			23,889.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,889.			23,889.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages . . .				
	8 Entertainment				
	9 Other direct expenses	8,878.			8,878.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 8,878.
	11 Net income summary. Combine line 3, column (d), and line 10				► 15,011.

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	Yes _____ % No	Yes _____ % No	Yes _____ % 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. _____

10 a 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

- a** The organization's facility
- b** An outside facility

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
b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount 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)

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

BOZEMAN NOON ROTARY CLUB

Employer identification number

81-0113925

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDE HUMANITARIAN SERVICES

2010

Schedule O - Supplemental Information

Page 2

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

7/14/11

10:11AM

**Form 990-EZ, Part I, Line 8
Other Revenue**

AG DINNER	\$ 1,440.
VISITOR MEALS	1,191.
ANNUAL INT'L DINNER	1,028.
Total	\$ 3,659.

**Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000**Payments to Affiliates

Name:	ROTARY FOUNDATION
Address:	1560 SHERMAN AVENUE
	EVANSTON, IL 60201
Purpose of payment:	SUPPPORT OF INT'L CLUB
Amount:	\$ 7,554.
Name:	ROTARY DISTRICT 5390
Address:	BOZ 1611
	HELENA, MT 59624
Purpose of payment:	SUPPORT DISTRICT ACTIVITIES
Amount:	\$ 5,772.

**Form 990-EZ, Part I, Line 16
Other Expenses**

AG COMMITTEE	\$ 5,201.
BANK CHARGES	282.
BOARD EXPENSES	31.
Conferences, Conventions, and Meetings	3,969.
DICTIONARY PROJECT	881.
FELLOWSHIP AND ACTIVITIES	133.
GSE TEAM	400.
HEALTH & SAFETY COMMITTEE	45.
INTERNATIONAL AFFAIRS	5,213.
MEAL COST	33,578.
MEMBERSHIP COMMITTEE	72.
MISCELLANEOUS	120.
NEW COMMITTEE PROJECT	500.
Office Expenses	1,241.
PRESIDENTIAL AWARDS & GIFTS	153.
PUBLIC RELATIONS	330.
STUDENT OF THE MONTH	486.
YOUTH SCHOLARSHIPS	3,000.
YOUTH SUPPORT	850.
Total	\$ 56,485.

2010

Schedule O - Supplemental Information

Page 3

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

7/14/11

10:11AM

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

WRITE OFF OF OLD RECEIVBALE - DUES.

Total \$ -15,016.Total \$ -15,016.**Form 990-EZ, Part II, Line 24**
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 42,189.	\$ 12,034.
Total	<u>\$ 42,189.</u>	<u>\$ 12,034.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 13,963.	\$ 5,455.
Total	<u>\$ 13,963.</u>	<u>\$ 5,455.</u>

2010

Federal Supporting Detail

Page 1

Client 14506

BOZEMAN NOON ROTARY CLUB

81-0113925

7/14/11

10.11AM

Stmt. of Functional Expenses (990)
Other

BOOKKEEPING

Total	\$	3,110.
	\$	<u>3,110.</u>