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990-EZ

Department of the Treasury

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 2012

Open to Public Inspection

Interr	al Revenu	ie Service	The organization may have to use a copy of this return to satisfy state reporting requi	rements.		
A F	or the 2	2012 calenda	r year, or tax year beginning 07-01, 2012, and ending		06-30 ,201	3
Вс	heck if app	plicable	C Name of organization	D Emplo	yer identification number	
_ A	ddress cha	ange	WICKENBURG ROTARY CLUB	95	-3395283	
□ N	ame chan	ge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Teleph	one number	
] Ir	iitial return	า				
□т	erminated		P O BOX 1018			
A	mended re	eturn	City or town, state or country, and ZIP + 4	F Group	Exemption	
_ A	pplication	pending	Wickenburg, AZ 85358	Numbe	er 🕨	
		ting Method	☐ Cash ☐ Accrual Other (specify) ►	H Check ►	If the organi	zation is not
	Website	- .		required to	attach Schedule	В
JΤ	ax-exei	mpt status (c	heck only one) - ☐ 501(c) (3) 🖾 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990	, 990-EZ, or 990-	PF)
	heck •		ganization is not a section 509(a)(3) supporting organization or section 527 organization	on and its gross	receipts are nor	mally
			A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)			
			es to file a return, be sure to file a complete return	., , .	. (,
	-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	ital assets (Parl	: II.	
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			85,250
	rt I		e, Expenses, and Changes in Net Assets or Fund Balances(see			03,230
<u></u>			e organization used Schedule O to respond to any question in this Part I			
	1		, gifts, grants, and similar amounts received		1	15,004
	2		rice revenue including government fees and contracts		2	15,004
	3	•	dues and assessments		3	21,268
	4	Investment in			4	5
			at from sale of assets other than inventory		-	
			· · · · · · · · · · · · · · · · · · ·		1	
			other basis and sales expenses		- 5c	
	_		30			
	6	Gaming and				
a	а		e from gaming (attach Schedule G if greater than			
Š		\$15,000)		·tions	1	
Revenue	D		e from fundraising events (not including \$ of contributions of contr	RIOIIS		
œ			ing events reported on line 1) (attach Schedule G if the		1	
			gross income and contributions exceeds \$15,000) 6b	46,637	-	
	1		expenses from gaming and fundraising events	24,026	-	
	d		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	_				6d	22,611
			of inventory, less returns and allowances		4	
	l	Less cost of	· ·		-l _ l	
		-	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		e (describe in Schedule O)		8	2,336
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>· · · · · · · ▶</u>	9	61,224
;)	10		Imilar amounts paid (list in Schedule O)		10	5,776
,	11		to of for members	<u> </u>	11	
ģ	12		er compensation, and employee benefits	S_{i}	12	
ıse	13	Professional	fees and other payments to independent contractors	3 · O	13	
be	14	Occupancy,	ent, utilities, and maintenance	\vdots \cdot \cdot	14	
ŭ	15	Printing, pub	ications, postage, and shipping	구구 기투	15	265
Expenses	16	Other expen	ses (describe in Schedule O)	. ∦	16	57,965
3	17		ses. Add lines 10 through 16	. : : : : · · . ▶	17	64,006
	18		eficit) for the year (Subtract line 17 from line 9)		18	(2,782
ets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with			
ASS		end-of-year 1	igure reported on prior year's return)		19	25,618
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		20	
_	l				21	00.000
2	21	net assets o	r fund balances at end of year. Combine lines 18 through 20		21	22,836

	1 990-EZ (2012) WICKENBURG ROTARY CLUB				95-3	<u> 395</u> 2	283 Page 2
Pa	Int II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond to a	any question in this Pai	rt II		• • • • • • •		
	•		-	(A) Begin	ning of year		(B) End of year
	adding data in the			_	32,523	22	31,046
	Land and buildings Other assets (describe in Schedule O)		L		3,224	23	0 1,469
	Total assets				35,747	25	32,515
					10,129	26	9,679
	Net assets or fund balances (line 27 of column (B) must agree wi				25,618	27	22,836
$\overline{}$	rt III Statement of Program Service Accomplis		structions for	Part III)			Expenses
	Check if the organization used Schedule O to respond to	any question in this Pa	art III 🕒	· · · · ·	🔲	(Req	uired for section
Wha	at is the organization's primary exempt purpose? PROVIDE COM	MUNITY AND INT	L CHARIT	ABLE		501(c)(3) and 501(c)(4)
Des	cnbe the organization's program service accomplishments for each	of its three largest pro	gram services	S ,		•	nizations and section
as m	neasured by expenses. In a clear and concise manner, describe the	e services provided, the					(a)(1) trusts, optional
	ons benefited, and other relevant information for each program title					for of	thers)
	PROVIDED LOCAL AREA SCHOOLS WITH COMPUTER					1	
	SOFTWARE THROUGH INTERNATIONAL MATCHING GR	ANT, PARTNERED					
	WITH CLUB FROM MEXICO. (Grants \$ 15,004) If this amount inc	cludes foreign grants, c	heck here		▶ 🕅	28a	15,004
29	13,002 / 1410 4110 4110	inagos foroign granto, o					23,002
•							
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	29a	<u></u>
30							
					<u> </u>		
	•	cludes foreign grants, c				30a	
	Calci program corridos (cocomo m como caso e)	cludes foreign grants, c				31a	
	(Grants \$) If this amount inc Total program service expenses (add lines 28a through 31a)					32	
Pa	Irt IV List of Officers, Directors, Trustees, and Key Employ						
	Check if the organization used Schedule O to respond to						·
		(b) Average	(c) Reporta	ble	(d) Health benefits	, [
	(a) Name and title	hours per week	compensat (Form W-2/1099		contributions to emp benefit plans, and		(e) Estimated amount of other compensation
		devoted to position	(if not paid, e	′ 1	deferred compense	1	outer compensation
WIL	LIAM SNEDECOR						
PRE	SIDENT	0		0		0	0
			 				
				:		1	
			 				
		-					
						j	
			1				
						l	

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Form 990-F7 (2012)

Form 9	A90-EZ (2012) WICKENBURG ROTARY CLUB 95-33952	283_	F	Page
Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			$\cdot \square$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	1	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		1	
	change on Schedule O (see instructions)	34		Х
2E a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	••	 	<u> </u>
oo a		35a	1	x
			 	<u> </u>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	X
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	36	L	X
37 a	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		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-	ļ	
,0 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
L		000	╁	<u> </u>
		┥		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	4	1	
	Gross receipts, included on line 9, for public use of club facilities	_		
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	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	40b		Х
_	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 • • • • • • • • • • • • • • • • • • •		İ	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
0	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	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ william Snedecor Telephone no ▶ 928-6	84-2	155	
	Located at ▶ P.O. Box 2018 Wickenburg, AZ ZIP+4 ▶ 85358			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial 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			
			ļ	
	and Financial Accounts.	ا ا	į	7.5
С	At any time during the calendar year, did the organization maintain an office outside of the US?	42c		<u> </u>
	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		>	L
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	···-	<u> </u>	
D		1 445		
	completed instead of Form 990-EZ	44b	+ -	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	├	X
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	<u> </u>	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45 b	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 instructions)	45b	1	x

•							Yes	No
46	Did the organization engage, directly or indirectly, in	• •	es on behalf of or in opp	osition		ŀ		
Da	to candidates for public office? If "Yes," complete S t VI Section 501(c)(3) organizations			• • • • • •	• • • • • •	• • 4	8	X
rai	All Section 501(c)(3) organizations of All Section 501(c)(3) organizations		tions 47-49h and 5	2 and con	nolete the	tables f	or line	•
	50 and 51	must answer ques	uons 47-450 and 0.	z, and con	ipioto tiro	(abics i	OI 1111C.	•
	Check if the organization used Sch	nedule O to respond	to any question in	this Part \	/			.□
							Yes	No
47	Did the organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	tax				1
	year? If "Yes," complete Schedule C, Part II	• • • • • • • • • • • •		• • • • • •	• • • • • •	· · 4		
48	Is the organization a school as described in section		·	• • • • •	• • • • • •	4		
49a	Did the organization make any transfers to an exem		organization? · · ·			49		┼—
50	If "Yes," was the related organization a section 527 complete this table for the organization's five highes	•	e (other than officers di	matara tauata	oo and kay	49	, o	
	employees) who each received more than \$100,000				_			
			(c) Reportable	(d) Health	·····			
	(a) Name and title of each employee	(b) Average hours per week	compensation	contributions benefit plans.	to employee		nated amou	
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)		nsation			
				İ				
								
				1				
				 				
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		···-··································		
		<u> </u>						
51	Total number of other employees paid over \$100,00 Complete this table for the organization's five highes \$100,000 of compensation from the organization. If	t compensated independ		received mo	ore than			
(a)	Name and address of each independent contractor paid more than	\$100,000	(b) Type of serve	xe	(0	Compens	ation	
					 			
			}					
				·				
		·						
					<u> </u>	····		
	Total number of other independent contractors each	receiving over \$100,000			1			
52	Did the organization complete Schedule A? Note: A				 			
	nonexempt charitable trusts must attach a complete	-				- 🗆 Y	es 🛛	No
Under	penalties of penjury, I declare that I have examined this return include	ing accompanying schedules an	d statements, and to the best of	my knowledge a	nd belief, it is			
true, c	prrect, and complete Declaration Company (other than officer) is b	asset on all information of which	preparer has any knowledge		.			
0:	The deal		· · · · · · · · · · · · · · · · · · ·		3-3/-/	3		
Sign		Part	4	Date				
Her	Type or print name and title	. UTESIMEN	<i></i>					
		Preparer's signature	Date		check I If	PTIN		
Paid	(1)	. — · · · · • · · • · · · · · · · · · · · · · · · · · · ·			neck البين r elf-employed	}		
Prep	arer Firm's name			Firm's E				
Use								
	· ·	,		Phone	10			
May	he IRS discuss this return with the preparer shown a	bove? See Instructions		• • • • •			08	No
EEA						Form	990-EZ	(2012)

95-3395283

Page 4

Form 990-EZ (2012)

WICKENBURG ROTARY CLUB

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047 **2012**

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization						Employer ide	ntification number
WICKENBURG ROTARY CLUB						95-33	95283
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" to I	Form 990), Part IV,	line 17.
1 Indicate whether the organization rais				ities Check all that ap	plv		
a Mail solicitations	ou turius amougri			of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations				draising events			
d 🔀 In-person solicitations		9 🗆	opecial func	Maising events			
2a Did the organization have a written or	r aral agraamant i	eth any indus	idual (inaliidi	na officere directore t	tructoos		
or key employees listed in Form 990,	-	_				□ Ye	es 🏿 No
b If "Yes," list the ten highest paid indiv						_	_
compensated at least \$5,000 by the c		iuliulaiseis) į	puisuant to t	agreements under with	on the lune	alser is to b	•
compensated at least \$5,000 by the t	nganization						
	T	T			(v) Amo	unt paid to	
(i) Name and address of individual	(ii) A struth		draiser have r control of	(iv) Gross receipts	(or reta	ined by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		outions?	from activity		er listed in	organization
		Yes	No		α	(i)	
4		162	100				
1							
2	-			<u> </u>			
2							
3		 					
3							
4		-	-				
•							
5	-	 					
•							
6							
•							
7		-	<u> </u>				
•							
8							
			į				
9							
10							
	•						
Total			🕨 🛚				
3 List all states in which the organization	is registered or l	censed to so	licit contribu	tions or has been notif	ied it is exe	mpt from	
registration or licensing							
							·
							
							·

			KENBURG ROTARY CL			3395283 Page 2
Pa	ırt I					
		than \$15,000 of fundraising gross receipts greater than		a gross income on Form	1 990-EZ, IIIIes 1 and 0	b. List events with
	, 	gross receipts greater than	- ·	(h) Frank #2	(c) Other events	
			(a) Event #1	(b) Event #2	• •	(d) Total events (add col. (a) through
			SCHOOL GRANT	(avent bene)	None (total number)	col (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15 004			15,004
ě	'	Gloss receipts	15,004			15,004
œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
	١	•	15 004			15 004
_		line 2)	15,004			15,004
	4	Cash prizes				
	•	Cash phizes		, , ,		
	5	Noncash prizes				
	•	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	"	Refinaciiity costs				
	7	Food and hoverages				
	′	Food and beverages · · · · · ·				
	8	Entertainment				
	°	Entertainment				
	9	Other direct expenses	15 004			15,004
		Other direct expenses	15,004	<u> </u>		13,004
	10	Direct expense summary Add lines	4 through 9 in column (d)			(15,004)
	11	Net income summary Combine line				(13,004 /
Pa	art I					more
		than \$15,000 on Form 990				
				(b) Pull tabs/instant		(d) Total gaming (add
nge			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1					
œ	1	Gross revenue				
	2	Cash prizes				
sesus						
beu	3	Noncash prizes				
Ä						
Direct Expe	4	Rent/facility costs				_
₫]					
	5	Other direct expenses				
			☐ Yes %	Yes %	☐ Yes %	
			L 103 /º	L		
	6	Volunteer labor	No No	□ No □	□ No	
	6	Volunteer labor	=	I = I	=	
	6	Volunteer labor	□ No	I = I	=	()
			□ No	I = I	=	()
			No 2 through 5 in column (d)	□ No	□ No	()
	7	Direct expense summary Add lines	No 2 through 5 in column (d)	□ No	□ No	()
9	7	Direct expense summary Add lines	No 2 through 5 in column (d) bine line 1, column d, and I	Ine 7 · · · · · · · · · · · · · · · · · ·	□ No	()
9	7 8 Ei	Direct expense summary Add lines Net gaming income summary Com	No 2 through 5 in column (d) bine line 1, column d, and I	No	□ No	()
á	7 8 Ei	Net gaming income summary Comniter the state(s) in which the organization licensed to operate g	No 2 through 5 in column (d) bine line 1, column d, and I	Ine 7 ine 8 these states?	□ No	()
á	7 8 Ei	Net gaming income summary Comniter the state(s) in which the organization licensed to operate g	No 2 through 5 in column (d) bine line 1, column d, and I tion operates gaming activit gaming activities in each of	Ine 7 ine 8 these states?	□ No	()
á	7 8 Ei	Net gaming income summary Comniter the state(s) in which the organization licensed to operate g	No 2 through 5 in column (d) bine line 1, column d, and I tion operates gaming activit gaming activities in each of	Ine 7 ine 8 these states?	□ No	
i	7 8 En Is	Net gaming income summary Comniter the state(s) in which the organization licensed to operate g	No 2 through 5 in column (d) bine line 1, column d, and I tion operates gaming activit gaming activities in each of	ne 7 · · · · · · · · · · · · · · · · · ·	□ No	() Yes
10a	7 8 E1 s is o if	Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organization the organization licensed to operate of "No," explain Vere any of the organization's gaming I	No 2 through 5 in column (d) bine line 1, column d, and I tion operates gaming activit gaming activities in each of	ine 7 · · · · · · · · · · · · · · · · · ·	□ No	
10a	7 8 E1 s is o if	Direct expense summary Add lines Net gaming income summary Com Inter the state(s) in which the organization the organization licensed to operate of "No," explain Vere any of the organization's gaming I	No 2 through 5 in column (d) bine line 1, column d, and I tion operates gaming activit gaming activities in each of	ine 7 · · · · · · · · · · · · · · · · · ·	□ No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 95-3395283 WICKENBURG ROTARY CLUB 01. Description of other revenue (Part I, line 8) Amount Description 302 Guest Meals 1,834 Meeting Revenue - Fines 200 Gifts 02. List of grants and similar amounts paid (Part I, line 10) Activity INTERNATIONAL PROJECTS Amount 2,776 Activity COLLEGE SCHOLARSHIP 3,000 Amount Activity INTERNATIONAL PROJECTS 03. Description of other expenses (Part I, line 16) Description Amount 26,974 PUBLIC SCHOOL PROJECTS 559 ADVERTISING 100 CLUB RAFFLE 11,870 CLUB MEALS 2,040 ROTARY DUES 100 SUBSCRIPTIONS

<u>37</u>

CONFERENCE FEES

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization		Pag Employer identification number
WICKENBURG ROTARY CLUB		95-3395283
BANK FEES	2	
GSE PROGRAM	439	
LICENSES AND PERMITS	225	
OFFICE EXPENSE	20	
ROTARY FOUNDATION	25	
SCHOOL ATHLETIC PROGRAMS	3,975	
COMMUNITY CHARTIES	2,200	
GRANTS AND AWARDS	4,993	
POST OFFICE BOX RENTAL	32	
CHRISTMAS MEALS	276	
PRIOR PERIOD ADJUSTMENT	4,098	
O4. Description of other as Category EQUIPMENT	Beginning of Year	End of Year
FÖOTDWRUL	1,345	1,345
PAUL HARRIS RECEIVABLES	1,879	124
05. Description of total li		
05. Description of total li	abilities (Part II, lin	e 26)
05. Description of total li	abilities (Part II, ling	e 26) End of Year
O5. Description of total li Category RESTRICTED FUNDS	abilities (Part II, ling Beginning of Year 10,129	e 26) End of Year 8,629
O5. Description of total li Category RESTRICTED FUNDS	abilities (Part II, ling Beginning of Year 10,129	e 26) End of Year 8,629
O5. Description of total li Category RESTRICTED FUNDS	abilities (Part II, ling Beginning of Year 10,129	e 26) End of Year 8,629
O5. Description of total li Category RESTRICTED FUNDS	abilities (Part II, ling Beginning of Year 10,129	e 26) End of Year 8,629
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EEA

Schedule O (Form 990 or 990-EZ) (2012)

990	Overflow Statement	2012 Page 1
Name(s) as shown on return		FEIN
WICKENBURG ROTARY CLUB		95-3395283

OTHER INCOME5004

Description	Amount
GRANT	\$ 15,004
Total:	\$ 15,004

Gross Income from Fund Raising Events

Description		 Amount
Annual Fund Raising Dinner		\$ 20,675
Auction		 3,590
Bartending		 9,045
High School Bank Uniform fund raiser		 13,327
	Total:	\$ 46,637