





Part 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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**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
NONE		

**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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ LOURDES D. UBALDO - President	
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

PANIQUENIANS USA, INC.

Employer identification number

94-3266062

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3160	1522	1383	350	120	6535
<b>2</b> 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 . . . .	72942	59191	38127	60485	52597	283342
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	76102	60713	39510	60835	52717	289877
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						289877

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . .	76102	60713	39510	60835	52717	289877
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	237	34	0	0	0	271
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	237	34	0	0	0	271
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	76339	60747	39510	60835	52717	290148
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	99.9 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.7 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	.1 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	.3 %
<b>19a 33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		





**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

**Part 1, Line 10 - Grants and similar amounts paid**

**Scholarships**

San Francisco Bay Area	\$ 8,081.17	
Paniqui, Tarlac, Philippines	\$ 5,140.00	\$ 13,221.17

**Medical, Optical & Dental Mission**

Paniqui, Tarlac, Philippines		\$ 2,433.00
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**Inter High School Debate Sponsorship  
in Paniqui, Tarlac, Philippines**

		\$ 875.18
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**Total Grants and similar amounts paid**

		<u>\$ 16,529.35</u>
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**SCHEDULE OF OTHER EXPENSES**

**Part 1, Line 16 - Other Expenses**

**Christmas Party for Members' Children & Seniors**

Food	\$ 846.77	
Gifts to children & seniors	\$ 410.00	
Hall rental	\$ 790.00	\$ 2,046.77

**Donations**

Bereavement-wreath/donation to families of deceased members	\$ 900.00	
Donations to other associations-program ads	\$ 200.00	\$ 1,100.00

**Trip to Sister Organizations Fund Raising Events**

		\$ 792.46
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**Newsletter - Christmas Issue**

		\$ 72.02
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**General Expenses**

Bank fees	\$ 141.33	
Website webhosting	\$ 166.80	
Meetings-food and supplies	\$ 1,087.60	
Office supplies	\$ 267.21	
Taxes- State of California filings	\$ 10.00	\$ 1,672.94

**Total Other Expenses**

		<u>\$ 5,684.19</u>
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PANQUENIANS USA, INC.  
 FORM 990-EZ 2012  
 PAGE 2, PART IV - List of Officers and Directors

NONE OF THE FOLLOWING OFFICERS ARE COMPENSATED - ALL ARE ON A VOLUNTARY BASIS  
 TIME SPENT VARIES - RANGING FROM 0 TO 20 HOURS PER WEEK FOR MOST

NO.	LAST NAME	FIRST NAME	POSITION	ADDRESS	CITY	STATE	ZIP
1	Ubaldó	Lourdes	President				
2	Beltran	Tony	Executive Vice-President				
3	Beltran	Zeny	Regional Vice-President				
4	De Guzman	Ed	Regional Vice-President				
5	Lavitoria	Joseph	Regional Vice-President				
6	Palarca	Carmen	Regional Vice-President				
7	Viermes	Lina	Regional Vice-President				
8	Fenchuk	Evelyn	Secretary				
9	Accorda	Edwin	Assistant Secretary				
10	Olonan	Lilia	Treasurer				
11	Palarca	Mila	Assistant Treasurer				
12	Batanga	Lita	Auditor				
13	Lagmay	Romy	Auditor				
14	Batanga	Conrad	Business Manager				
15	Eliares	Gil	Business Manager				
16	Sibal	Nick	PRO				
17	Alegado	Generosa	Member - Board of Directors				
18	Alonzo, Jr.	Bruno	Member - Board of Directors				
19	Beltran	Pete	Member - Board of Directors				
20	Beltran	Presito	Member - Board of Directors				
21	De Guzman	Eleazer	Member - Board of Directors				
22	Lamorena	Constantino	Member - Board of Directors				
23	Lumaquin	Purita	Member - Board of Directors				
24	Manalo	Freddie	Member - Board of Directors				
25	Manalo	Victoria	Member - Board of Directors				
26	Olonan	Manuel	Member - Board of Directors				
27	Palarca	Cesar	Member - Board of Directors				
28	Sideco	Antonio	Member - Board of Directors				
29	Sideco	Linda	Member - Board of Directors				
30	Ubaldó	Rupert	Member - Board of Directors				
31	Viermes	Art	Member - Board of Directors				

California Exempt Organization Annual Information Return

2012

199

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name California corporation number

Address (suite, room, or PMB no.) FEIN

City State ZIP Code

- A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Return?... E Check accounting method... F Federal return filed... G Is this a group filing... H Is this organization in a group exemption... I Did the organization have any changes... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g... L If organization is exempt under R&TC Section 23701d... M Is the organization a Limited Liability Company... N Did the organization file Form 100 or Form 109... O Is the organization under audit...

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with columns for Receipts and Revenues, Expenses, and Filing Fee. Rows include: 1 Gross sales or receipts from other sources, 2 Gross dues and assessments from members and affiliates, 3 Gross contributions, gifts, grants, and similar amounts received, 4 Total gross receipts for filing requirement test, 5 Cost of goods sold, 6 Cost or other basis, and sales expenses of assets sold, 7 Total costs, 8 Total gross income, 9 Total expenses and disbursements, 10 Excess of receipts over expenses and disbursements, 11 Filing fee \$10 or \$25, 12 Total payments, 13 Penalties and Interest, 14 Use tax, 15 Balance due.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Title Date Telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed PTIN Firm's name (or yours, if self-employed) and address FEIN Telephone

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

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1		00
	2	Interest . . . . .	●	2		00
	3	Dividends . . . . .	●	3		00
	4	Gross rents . . . . .	●	4		00
	5	Gross royalties . . . . .	●	5		00
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6		00
	7	Other income. Attach schedule . . . . .	●	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8		00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9		00
	10	Disbursements to or for members . . . . .	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11		00
	12	Other salaries and wages . . . . .	●	12		00
	13	Interest . . . . .	●	13		00
	14	Taxes . . . . .	●	14		00
	15	Rents . . . . .	●	15		00
	16	Depreciation and depletion (See instructions) . . . . .	●	16		00
	17	Other Expenses and Disbursements. Attach schedule . . . . .	●	17		00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18		00

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
1 Cash . . . . .				●
2 Net accounts receivable . . . . .				●
3 Net notes receivable . . . . .				●
4 Inventories . . . . .				●
5 Federal and state government obligations . . . . .				●
6 Investments in other bonds . . . . .				●
7 Investments in stock . . . . .				●
8 Mortgage loans . . . . .				●
9 Other investments. Attach schedule . . . . .				●
10 <b>a</b> Depreciable assets . . . . .				
<b>b</b> Less accumulated depreciation . . . . .	( )	( )		
11 Land . . . . .				●
12 Other assets. Attach schedule . . . . .				●
13 <b>Total assets</b> . . . . .				
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .				●
15 Contributions, gifts, or grants payable . . . . .				●
16 Bonds and notes payable . . . . .				●
17 Mortgages payable . . . . .				●
18 Other liabilities. Attach schedule . . . . .				●
19 Capital stock or principle fund . . . . .				●
20 Paid-in or capital surplus. Attach reconciliation . . . . .				●
21 Retained earnings or income fund . . . . .				●
22 <b>Total liabilities and net worth</b> . . . . .				

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books . . . . .	●	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●
2	Federal income tax . . . . .	●	8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●
3	Excess of capital losses over capital gains . . . . .	●	9	<b>Total.</b> Add line 7 and line 8 . . . . .	
4	Income not recorded on books this year. Attach schedule . . . . .	●	10	Net income per return. Subtract line 9 from line 6 . . . . .	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●			
6	<b>Total.</b> Add line 1 through line 5 . . . . .				

**PANIQUENIANS USA, INC. - CORPORATION NO. 1951874**  
**SUPPORTING SCHEDULES**  
**2012 FORM 199**

**COST OF GOODS SOLD (FUND RAISING EVENT) Page 1, Line 5**

**Annual Fund Raising - Traditional Fiesta**

Banquet	21,208
Band	1,400
Crowns, throphy, plaques, etc.	1,707
Souvenir program printing	5,903
Ticket printing	498
Postage-Tickets	327
Post fiesta reception	1,114

Total Fiesta Expenses

**TOTAL COST OF GOODS SOLD**

32,157

**32,157**

**CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS, Page 2, Part II, Line 9**

Scholarship grants to 38 students in the Philippines	5,140
Scholarship aid to Bay Area students	8,081
Medical, Optical & Dental Mission in the Philippines	2,433
Inter High Scholl Debate sponsorship in the Philippines	875

**TOTAL CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS**

**16,529**

**OTHER EXPENSES, Page 2, Part II, Line 17**

Bank fees	141
Meetings	1,088
Taxes	10
Advertising expenses to other organizations	200
Bereavement donations & wreath/bouquet of flowers	900
Trip to sister organization's fund raising events	792
Website webhosting	167
Office supplies	267
Newsletter - Christmas issue	72
Christmas party	2,047

**TOTAL OTHER EXPENSES**

**5,684**