

Short Form Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Department of the Treasury
Internal Revenue Service

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|--|--|--------------------------------------|--|--|---------------------------|---|------------|--|---------------------|--------------------------------------|------------------------|--|---------------------------------|---|-------|--|--|--|---------|--|--|--|--|------------------------|-----------|--------------|
| A For the 2007 calendar year, or tax year beginning <u>7/1/2007</u> and ending <u>6/30/2008</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td rowspan="6" style="width: 15%; vertical-align: top; font-size: small;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2" style="width: 60%;">C Name of organization GEMINI ELEMENTARY SCHOOL PTO</td> <td style="width: 10%;">D Employer identification number 06-1727456</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address)</td> <td>E Telephone number</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td colspan="2">Room/suite</td> <td>321-727-3090</td> </tr> <tr> <td><input type="checkbox"/> Termination</td> <td colspan="2">City, town, or country</td> <td>F Group Exemption Number</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2">State</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2">ZIP + 4</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MELBOURNE BEACH</td> <td>FL</td> <td>32951</td> </tr> </table> | <input type="checkbox"/> Address change | Please use IRS label or print or type. See Specific Instructions. | C Name of organization GEMINI ELEMENTARY SCHOOL PTO | | D Employer identification number 06-1727456 | <input type="checkbox"/> Name change | Number and street (or P O box, if mail is not delivered to street address) | | E Telephone number | <input type="checkbox"/> Initial return | Room/suite | | 321-727-3090 | <input type="checkbox"/> Termination | City, town, or country | | F Group Exemption Number | <input type="checkbox"/> Amended return | State | | | <input type="checkbox"/> Application pending | ZIP + 4 | | | | | MELBOURNE BEACH | FL | 32951 |
| <input type="checkbox"/> Address change | Please use IRS label or print or type. See Specific Instructions. | C Name of organization GEMINI ELEMENTARY SCHOOL PTO | | D Employer identification number 06-1727456 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Name change | | Number and street (or P O box, if mail is not delivered to street address) | | E Telephone number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Initial return | | Room/suite | | 321-727-3090 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Termination | | City, town, or country | | F Group Exemption Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amended return | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Application pending | | ZIP + 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MELBOURNE BEACH | FL | 32951 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) _____

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

I Website: _____

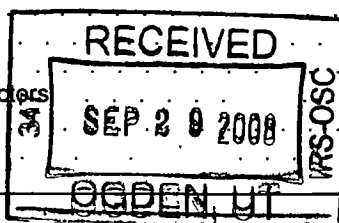
J Organization type (check only one)— 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **68,728**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

| | Description | | Amount |
|---|--|-----------|--------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 3,705 |
| | 4 Investment income | 4 | 59 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | 0 |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 64,964 |
| | b Less: direct expenses other than fundraising expenses | 6b | 18,271 |
| c Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | 46,693 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| | b Less: cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | 0 |
| 8 Other revenue (describe _____) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 50,457 | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | 42,622 |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe _____) | 16 | |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 42,622 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | 7,835 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 7,835 |



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 13,350 | 7,835 |
| 23 Land and buildings | | |
| 24 Other assets (describe _____) | | |
| 25 Total assets | 13,350 | 7,835 |
| 26 Total liabilities (describe _____) | 13,350 | 7,835 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0 | 7,835 |

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| Part III Statement of Program Service Accomplishments (See page 60 of the instructions) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) | |
|---|---|---|--------|
| What is the organization's primary exempt purpose? <u>ENHANCE EDUCATION OPPORTUNITIES OF STUDENTS</u> 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, or other relevant information for each program title. | | | |
| 28 | <u>ENHANCE EDUCATIONAL OPPORTUNITIES FOR STUDENTS AND PROVIDE ADDITIONAL SUPPORT TO THE TEACHERS. CURRENTLY BUILDING A NEW PLAYGROUND, A MULTI-YEAR PROJECT. THIS YEAR WE SPENT \$34,335 ON IT.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 34,335 |
| 29 | <u>ENHANCE EDUCATIONAL OPPORTUNITIES FOR STUDENTS AND PROVIDE ADDITIONAL SUPPORT TO THE TEACHERS. PROVIDED FUNDS TO TEACHERS TO REIMBURSE THEM FOR EXPENDITURES FOR CHILDREN'S NEEDS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 8,287 |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses. Add lines 28a through 31a | 32 | 42,622 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions) | | | | |
|---|--|--|---|--|
| (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 & deferred compensation | (E) Expense account and other allowances |
| Name <u>DORIS PURCELL</u> Str <u>131 SIGNATURE DR</u> City <u>MELBOURNE BCH ST FL</u> ZIP <u>32951</u> | Title <u>CO-PRESIDENT</u> Hr/WK <u>.00</u> | | | |
| Name <u>RIIKKA LAVOIE</u> Str <u>306 ORANGE AVE</u> City <u>MELBOURNE BCH ST FL</u> ZIP <u>32951</u> | Title <u>CO-PRESIDENT</u> Hr/WK <u>.00</u> | | | |
| Name <u>MARY WESTERFIE</u> Str <u>283 MARLIN PLACE</u> City <u>MELBOURNE BCH ST FL</u> ZIP <u>32951</u> | Title <u>TREASURER</u> Hr/WK <u>.00</u> | | | |
| Name _____ Str _____ City _____ ST _____ ZIP _____ | Title _____ Hr/WK <u>.00</u> | | | |

| Part V Other Information (Note the statement requirement in General Instruction V.) | | | Yes | No |
|---|---|-----|-----|----|
| 33 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 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? | 35b | | X |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. | 36 | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | 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 unpaid at the start of the period covered by this return? | 38a | | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. | 38b | | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9. | 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities. | 39b | | |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

| | Yes | No |
|-----|-----|----|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | X |

41 List the states with which a copy of this return is filed.

42 a The books are in care of Name DORIS PURCELL Telephone no. 321-729-0414 Located at 131 SIGNATURE DRIVE City MELBOURNE BEACH ST FL ZIP + 4 32951

b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for

c At any time during the calendar year, did the organization maintain a financial account in a foreign country? If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in its entirety and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge

Mary Westerfield PTO Signature of officer

MARY WESTERFIELD Doris A. Purcell Type or print name and title

Paid Preparer's Use Only

Preparer's signature Robert W. Kemper 9/11/2008

self-employed [X]

Firm's name (or yours if self-employed), address, and ZIP + 4 ROBERT W. KEMPER, CPA 735 N MIRAMAR AVE #204 INDIALANTIC, FL 32903

EIN Phone no 321-951-0508

Part III Statements About Activities (See page 2 of the instructions.)

| | Yes | No |
|---|-----|-------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e Transfer of any part of its income or assets? | | X |
| 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |
| 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g. | | X |
| b Did the organization make any taxable distributions under section 4966? | | X |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| d Enter the total number of donor advised funds owned at the end of the tax year ► | | |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► | | |
| f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► | | 1 |
| g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► | | 7,835 |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
 City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| Total | | | | | 0 |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|---|--------------|--------------|----------|-------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 52,487 | 32,943 | 29,415 | N/A | 114,845 |
| 16 Membership fees received | | 210 | 2,575 | N/A | 2,785 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 151 | 16 | 1 | N/A | 168 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | 64,725 | N/A | 64,725 |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0 |
| 23 Total of lines 15 through 22 | 52,638 | 33,169 | 96,716 | 0 | 182,523 |
| 24 Line 23 minus line 17 | 52,638 | 33,169 | 96,716 | 0 | 182,523 |
| 25 Enter 1% of line 23 | 526 | 332 | 967 | 0 | |
| 26 Organizations described on lines 10 or 11: | a Enter 2% of amount in column (e), line 24 | | | | 26a 3,650 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | | | | | 26c 182,523 |
| d Add: Amounts from column (e) for lines: | 18 168 | 19 | | | 26d 168 |
| | 22 | 26b | | | |
| e Public support (line 26c minus line 26d total) | | | | | 26e 182,355 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 99.91% |
| 27 Organizations described on line 12: | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: | | | | |
| (2006) _____ | (2005) _____ | (2004) _____ | (2003) _____ | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | | | | | |
| (2006) _____ | (2005) _____ | (2004) _____ | (2003) _____ | | |
| c Add: Amounts from column (e) for lines: | 15 _____ | 16 _____ | | | 27c 0 |
| | 17 _____ | 20 _____ | 21 _____ | | 27d 0 |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27e 0 |
| e Public support (line 27c total minus line 27d total) | | | | | 27f |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27g 0.00% |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27h 0.00% |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 | | | | | |

Line 6.(990-EZ) - Special events and activities

| | Event A | Event B | Event C | All others | Totals |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------|
| 1 Special event name | <u>ENTERTAIN BK</u> | <u>LADIES NIGHT</u> | <u>SWEET ART</u> | <u>JOG-A-THON</u> | |
| 1a Number of special events | <u> </u> | <u> </u> | <u> </u> | <u> </u> | |
| 2 Gross receipts | <u>18,829</u> | <u>14,124</u> | <u>8,887</u> | <u>23,124</u> | <u>2 64,964</u> |
| 3 Less contributions | | | | | <u>3 0</u> |
| 4 Gross revenue | <u>18,829</u> | <u>14,124</u> | <u>8,887</u> | <u>23,124</u> | <u>4 64,964</u> |
| 5 Less direct expenses | <u>12,005</u> | | <u>570</u> | <u>5,696</u> | <u>5 18,271</u> |
| 6 Net income or (loss) | <u>6,824</u> | <u>14,124</u> | <u>8,317</u> | <u>17,428</u> | <u>6 46,693</u> |