Click on the question-mark icons to display help windows. 2949218800011

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2017

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

		cod 7	Innuari 4		one h	21 22 47
_			ar year, or tax year beginning January 1 , 2017, and ending C Name of organization 24		embe	
	heck if a		D Emp	-	lentification number	
=	Address	•	32-0420453			
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele		
=	Initial retu Final retui	ım m/terminated	P.O. Box 223126		95	54-297-4929
$\overline{}$	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	emption
=		on pending	Hollywood, FL 33022	Nun	nber I	?
G A	Account	ting Method:	Cash ✓ Accrual Other (specify) ►	Check	▶ □	if the organization is not
1 7	Vebsite	e: www.	mobileschoolpantry.org			tach Schedule B 21
JT	ax-exer	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 99	0-EZ, or 990-PF).
		organization.		Charitabl	e Orga	anization
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		······································
(Pai	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ §	33,971.00
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions	s for Part I) 🔐
			the organization used Schedule O to respond to any question in this Parl			,
?1	1		ons, gifts, grants, and similar amounts received	· · · · · ·	1	32,068.00
?	2		ervice revenue including government fees and contracts	<u>.</u>	2	0
?:	3		ip dues and assessments	.]	3	0
?:	4	Investment	· KAII	3	4	
	5a		unt from sale of assets other than inventory	5] · · o	-	
	1			0	1	
	b		or other basis and sales expenses	 		0
	6 6		d fundraising events		5c	
Φ	а	Gross inc \$15,000) .	ome from gaming (attach Schedule G if greater than	0		
r Revenue	ь	-	nne -	1		
6	"		me from fundraising events (not including \$of contribution of contributio	J113		
» Œ			th gross income and contributions exceeds \$15,000) 6b	1,903.00		
ŗ	_		t expenses from gaming and fundraising events 6c	390.00		
- 1	d			1		
j	<u> </u>	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubliaci	64	1,513.00
	7.	,	a of inventory loss returns and alloweness		6d	
:	7a		s of inventory, less returns and allowances	- 0	1	
	b			<u> </u>	,	0
·	C	=	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		8	33,581.00
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	10	00,301.00
	10		I similar amounts paid (list in Schedule O)			- 0
	11		aid to or for members		11	- 0
Expenses	12		ther compensation, and employee benefits 22		12	
ë	13		al fees and other payments to independent contractors 22		13	1,600.00
8	14		/, rent, utilities, and maintenance		14	331.00
ш	15	• • •	ublications, postage, and shipping		15	
	16	Other expe	enses (describe in Schedule O) 22	• •, •	16	30,240.00
	17	Total expe	nses. Add lines 10 through 16	<u> ▶</u>	17	32,171.00
इ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,410.00
Š	19		or fund balances at beginning of year (from line 27, column (A)) (must agr			
Net Assets	ļ		r figure reported on prior year's return)		19	2,748.00
ē	20		ges in net assets or fund balances (explain in Schedule O)		20	11,600.00
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	15,758.00
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2017)

-orm	990-EZ (2	2017)						Page Z
Pa	rt II	Balance Sheets (see	the instructions f	or Part II)			-	
		Check if the organization	on used Schedule	O to respond to a	ny question in this	Part II		🗹
						(A) Beginning of year		(B) End of year
22	Cash	h, savings, and investmer	nts		[2,748.00		4,158.00
23	Lanc	d and buildings			[0	23	0
24	Othe	er assets (describe in Sch	edule O)		[24	11,600.00
25	Tota	al assets			[77148-	25	15,758.00
26		al liabilities (describe in S			[0	26	Ō
27		assets or fund balances	•	(B) must agree with	n line 21)		27	15,758.00
Vha Desc	t III t is the cribe th	Statement of Program Check if the organization organization's primary ex the organization's program and by expenses. In a clean	n Service Accompon used Schedule kempt purpose?	plishments (see the O to respond to an Distribute healthy for shments for each or other transfer or the other	ne instructions for F ny question in this nod @no cost to low- fits three largest p	Part III	501(Expenses unred for section c)(3) and 501(c)(4) nizations, optional for rs)
ers 28	ons ber	nefited, and other relevan	t information for ea	ch program title.	<u>-</u>			T
20								
?1	(Grant	s \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	28a	
29								
	(Grant) If this amount	includes foreign gra	ents, check here	•	29a	
30	(4							
	·····		\				20-	
•4	(Grants	s ৯ program services (descri		includes foreign gra			30a	
,,	(Grant	. •	· ·	includes foreign gra	nte check hore		31a	
22		s क program service expens					32	<u> </u>
	t IV	List of Officers, Directors						tions for Dort IVA
ell	UV	Check if the organization					nsuud	
		?1 (a) Name and title	on accercation	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ		Estimated amount of other compensation
_		Wolland		60				
		resident	<u></u> .		0		0	
	ander V	Volland		10				
P					0	<u> </u>	0	0
	a Oliver retary	ra 		10	0		0	d
							+	
					 	 	+	
							+	
							+	
						<u> </u>		
					-			
			· · · · · · · · · · · · · · · · · · ·		-		+	
				1	1		ŀ	



	Part	· · · · · · · · · · · · · · · · · · ·			_	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	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	165	NO -	
?:	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)	34		_	?:
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			.,	•
	ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	\vdash		•
	c	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		~	•
_	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	-	V	?:
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
	b 38a	Did the organization file Form 1120-POL for this year?	37b			-
	50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			?1
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			<u> </u>	. —
	39	Section 501(c)(7) organizations. Enter				
	а	Initiation fees and capital contributions included on line 9				
	b 40=	Gross receipts, included on line 9, for public use of club facilities	}]]		
		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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			?1
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			_	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				ı
	е	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	-	~	
	41	List the states with which a copy of this return is filed ▶ Florida				-
	42a	The organization's books are in care or)7-4929)-2532		
	h	Located at ► 2119 N 15th Ave, Hollywood ZIP + 4 ► 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	103	- V	•
		If "Yes," enter the name of the foreign country: ▶				•
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			_	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	<u> </u>		
	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	٠.		► □ •	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	-
		completed instead of Form 990-EZ	44a		~	_
	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	44b			
	q	Did the organization receive any payments for indoor tanning services during the year?	44c		•	
	45-	explanation in Schedule O	44d 45a	\vdash	<u> </u>	
	45a 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 1	~	

-								Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf o	of or in opposition	on	162	140
		ndidates for public office? If "Yes," co		Part I	· ·	<u> </u>	46		~
Part_		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			·	tables f	or line	es 🗆
		Officer if the organization used Sch	ledule O to respond	to any question	ii uiis i ait	<u>VI</u>		Yes	No
47		he organization engage in lobbying a Pif "Yes," complete Schedule C, Part		section 501(h) elec	ction in effe	ect during the to	ax 47		·
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedule	eΕ	48		~
49a		ne organization make any transfers to	•	-	anization? .		49a		1
. b		es," was the related organization a se					49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, at employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None.									а-кеу
· -	··	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits,	(e) Estimate other con	ed amou	
			· · · · · · · · · · · · · · · · · · ·				· · · · ·		
	<u> </u>								-
f 51	Comp	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	o ent contrac	tors who each	received	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	(c) Compensation				
	·				<u>.</u> .				_
					·				
					· 	_			
									_
d 52	Did t	number of other independent contra- the organization complete Schedu bleted Schedule A		•	. ► rganizations		a ▶		No
	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than				the best of my kno			rt is
Sign		Signature of officer	and			5 - 14 Date	-18		
Here	?1	Type or print name and title	er/Preside	<u>n</u> 1	·· ··· ··				
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	Preparer's signature Date			of PTIN		
Prep Use		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no	<u></u>		
100×1+6	2010	discuss this return with the preparer	enown above? See i	netriictione		•	· T Vac		10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		organization · School Pantry, Inc. South Flor	ida				Employer identification 32-04	number 20453	,
Par		Reason for Public Char		organizations must	comple	te this p	art.) See instructio	ns.	· · · · · · · · · · · · · · · · · · ·
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
- 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 7									
8		community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II)				
9	u	n agricultural research organi r university or a non-land-gra niversity:	nt college of agri	culture (see instruction	ons). Ente	r the nam	ne, city, and state of	the co	llege or
10	re	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt fui income and uni	nctions—subject to co elated business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more tha ection 511 tax) from	n 33¹/39	% of its
11		n organization organized and							
12	of	n organization organized and f one or more publicly suppo heck the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e secti e	on 509(a)(3).
a		Type I. A supporting organ the supported organization supporting organization You	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma	jority of t	he directors or trust	ees of t	the
b	<u>L</u> .	Type II. A supporting organ control or management of organization(s). You must of	he supporting o	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the	supported
C		Type III functionally integ its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.		
d		Type III non-functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е		Check this box if the organ functionally integrated, or I	ype III non-func					e II, Typ	e III
f	_	er the number of supported of	_						
<u> </u>		vide the following information me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the c	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)									
(B)									
(C)									
(D)								,	
(E)									
Tota	Ī							L	

	, , , , , , , , , , , , , , , , , , , ,						/ rage ==
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i) /
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	/
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201.7	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					0
_	include any "unusual grants.")	0	0	0	0	0	U .
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	o	o	o	<u>ا</u> ر	0	o
3	The value of services or facilities						
•	furnished by a governmental unit to the						1
	organization without charge	0	0	0-	_ / .0	0_	0
4	Total. Add lines 1 through 3	0	0	0	/ 0	0	0
5	The portion of total contributions by				//		
3	each person (other than a				1		i
	governmental unit or publicly	1		,	∤ ″		
	supported organization) included on						
	line 1 that exceeds 2% of the amount			#			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				т	r - 	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					· · · · · · · · · · · · · · · · · · ·	
8	Gross income from interest, dividends,			/			
	payments received on securities loans, rents, royalties, and income from		,	! "			
	similar sources						,
9	Net income from unrelated business		//				
-	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	<i>"</i>			12	
13	First five years. If the Form 990 is for the						
Coat	organization, check this box and stop he on C. Computation of Public Support				::::::	<u> </u>	
14	Public support percentage for 2017 (line	_		1 column (f)		14	%
15	Public support percentage for 2017 (inter-			1, Column (1))		15	// 6
16a	331/3% support test—2017. If the organ				nd line 14 is 33		
	box and stop here . The organization qua						▶ □
b	331/3% support test-2016. If the organi	ization did not	check a box o	n line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		▶ 🗆
17a	10%-facts-and-circumstances test-2	017. ./lf the org	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	eets ^{//} the "facts	-and-circumst	ances" test, ch	neck this box a	and <mark>stop here.</mark>	. Explain in
	Part VI how the organization meets the "	'farts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization	. /					🕨 🗀
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiza				-		•
	Explain in Part VI how the organization	neets the "fac	ts-and-circum		i ne organizati	on qualities as	a publicly
40	supported organization			16- 16- 17-			· · • _
18	Private foundation. If the organization di	и пот спеск а	NOX ON IME 13	, roa, rob, r/a	a, or 17D, CN e C	k inis dox and	Sec ► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees				_		
	received (Do not include any "unusual grants.")	0	5,256.00	10,461.00	15,458.00	33,971.00	65,146.00
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					j	
	furnished in any activity that is related to the organization's tax-exempt purpose	o	o l	a	o	o l	0
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513	0	ol	o	o	0	0
		-					
4	Tax revenues levied for the		j			j	
	organization's benefit and either paid to		[
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		ĺ				
	furnished by a governmental unit to the					1	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	5,256.00	10,461.00	15,458.00	33,971.00	65,146.00
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o				1	
	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year	o	i]	
	•	0		<u> </u>			
_	Add lines 7a and 7b	- 0					
8	Public support. (Subtract line 7c from						
	line 6.)						65,146.00
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	5,256.00	10,461.00	15,458.00	33,971.00	65,146.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	o	o	o	О	0	0
b	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
	· ·	0	0	- 0	0	- 0	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		_	_			_
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or		ĺ			ĺ	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	5,256.00	10,461.00	15,458.00	33,971.00	65,146.00
14	First five years. If the Form 990 is for the	ne organization	's first_second	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop he	=					
Sacti	on C. Computation of Public Suppor			<u> </u>			<u> </u>
15	Public support percentage for 2017 (line 8			2 column (fl)		15	
	· · · · · · · · · · · · · · · · · · ·		-				
16	Public support percentage from 2016 Sch					16	%
	on D. Computation of Investment In	***			(0)	14=1	
17	Investment income percentage for 2017 (17	<u>%</u>
18	Investment income percentage from 2016					18	%
19a	331/3% support tests – 2017. If the organ						
	17 is not more than 331/3%, check this box	-	_			-	
b	331/3% support tests - 2016. If the organiz						
	line 18 is not more than 331/3%, check this I	oox and stop he	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🔲
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

The Mobile School Pantry, Inc. South Florida 32-0420453						
Expenses:						
Web Hosting:	\$180					
QR Code:	\$71					
Tax Prep:	\$75	·				
Sunbiz:	\$61					
Auto Insurance: (Bus)	\$239					
Misc. Supplies:	\$85					
UHAUL Gobble Giveaway:	\$67					
School Bus Purchase:	\$11,600					
Food:	\$17,707					
Fuel:	\$155					
Total Expenses:	\$30,240.00					
Asset:						
School Bus	\$11,600					

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