Fiscal Year July 1, 2013 through June 30, 2015

Region/Chapter Financial Information Form Group Return Form 990

Dout

	Fiscal Year End	ding June	10, 2014	
Name of Region/Chapter	.6 reato Lakes / X reator			# 237148522
	CASH BASIS - DO NOT INCLUE	DE RECEIVABL	ES AND PAYABLES	
	ties & Net Worth		"Beginning of <u>7/1/2013</u>	"End of Year" 6/30/2014
Cash:			11 10001	6/30/2015
Un-deposited	Funds	_	\$ 160.00	\$ 160.00
Non-Interest				
Bearing Accounts			\$ 21,741.98	\$ 26,272.06
Interest Bearin (CD's, Money				
	Total Cash	_5	21,901.98	\$ 26,432.06
Other Assets:				
Furniture & Equ	uipment	-		
Inventory				
Investments (Si (Attach Detail S	cocks and Bonds)			
Other (Please d	escriba)			
Description:	escribe)	\$	-	
				C.
_				
(1) Total Assets:		\$	21,901.98	\$ 26,432.06
Liabilities (Example:	Outstanding Loan)			
1.	3			
2.				And the state of t
(2) Total Liabilities:		\$	-	\$ -
(3) Net Worth (1 less	2):	Y* \$	21,901.98	X* \$ 26,432.06
			(Column 1)	(Column 2)

(Column 2)

Revenues and Expenses

REVENUES:

Cash basis - Do Not Include Accounts Receivable

Contributions, Grants* (Donation from AIEF, Red Cross, etc.)

Provide the following information for any contributions or grants received of \$5000

1,136.66 0,093.32 20.00 1,249.98
0,093.3 2 20.00
0,093.3 2 20.00
0,093.3 2 20.00
20.00
20.00
20.00
1,249.98
277.79
277.79
-
38.24
16.23
600.50
,660.53
727.11
omotional \$64.99, 8010 Miscellaneous

*Provide the following information for any contributions or grants paid in excess of \$5000. These items should not include board, member, speaker gifts, awards, etc.

Name of Recipient	Address	Amount	Type of Contribution (donation, scholarhips, etc.)	Charity Status (501c3, etc.)	EIN

Fiscal Year July 1, 2013 through June 30, 2014

(3) Net Revenue	line 1 less line 2)*	C = (A - B)	\$4,530.08	С		
(4) Net Worth (Fr	om page 1 line 3)					
"End of Ye			\$26,432.06	X		
	of Year" - Y		\$21,901.98			
Change			\$4,530.08	С		
	Line 3 - Line 4 =		\$0.00	Must equal	\$0.	
*Net Revenue f	or the year (line	3 above) m	ust agree with	the change	in Net Worth in li	ne #4
Prepared By:					_	
Region/Chapter Title:					_	
Daytime Phone:		Fax Number			_	
E-mail:					_	
Signature:					(e-signature accepted	l*)
Date:					_	
* - NOTE: Please set that you are proper	e the 990 Instruction ly submitting this for	Letter on the om to ARMA Int	Chpater Operation ternational HQ.	ns e-Handbook	for directions on how t	o ensure
www.arma.org/lead	lership/ChapterAdmi	n/990form2.as	spx			