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Form **990-EZ**

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0050

**2008**

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 06/30 , 2009

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pend.

Please use IRS label or print or type. See Specific Instructions.

The Alliance Francaise Greater Orl
1516 E Colonial Drive
Orlando, FL 32803-4732

**D** Employer identification no. 23-7452521

**E** Telephone number (407) 895-1300

**F** Group Exemption Number . . . ▶

- **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) ▶

**I** Website: ▶ www.aforlando.org

**J** Organization type (check only one) - ☒ 501(c)( 3 )◀(insert no.) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** it's 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶$ 90,874.

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

| | | | | | |
|---|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received: | | 1 | |
| | 2 | Program service revenue including government fees and contracts | | 2 | 43,282. |
| | 3 | Membership dues and assessments | | 3 | 3,744. |
| | 4 | Investment income | | 4 | 1,037. |
| | 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 (line 5a less line 5b) (attach schedule) | | 5c | |
| | 6 | Special events and activities (complete app. parts of Sch G) If any amount is from **gaming**, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) | 6a | 42,811. | |
| | b | Less: direct expenses other than fundraising expenses | 6b | 35,382. | |
| | c | Net income or (loss) from special events and activites( line 6a less line 6b) | | 6c | 7,429. |
| | 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 (line 7a less line 7b) | | 7c | |
| | 8 | Other revenue (describe ▶ ) | | 8 | |
| | 9 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | 9 | 55,492. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 26,762. |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 21,421. |
| | 15 | Printing, publications, postage, and shipping | | 15 | 86. |
| | 16 | Other expenses (describe ▶ Administrative Expenses ) | | 16 | 6,539. |
| | 17 | **Total expenses** (add lines 10 through 16) | | 17 | 54,808. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 684. |
| | 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 | 35,862. |
| | 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 | 36,546. |

**Part II** **Balance Sheets**--If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

| (See the instructions ) | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 32,562. | 22 | 30,678. |
| 23 | Land and buildings | 2,929. | 23 | 4,789. |
| 24 | Other assets (describe ▶ Book Inventory and Prepai ) | 2,141. | 24 | 2,439. |
| 25 | **Total assets** | 37,632. | 25 | 37,906. |
| 26 | **Total liabilities** (describe ▶ ) | 1,770. | 26 | 1,360. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 35,862. | 27 | 36,546. |

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ**(2008)

**Part III** Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? Provide classes to teach Frenc

Describe what was achieved in carying 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

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 Provide classes to teach French and French culture. Average of 15 students and a total of 82 members.

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 28a 47,286.

29

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 47,286.

**Part IV** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 | | | | |
| Bernard Lodde<br>421 Evesham Pl Longwo | President<br>0 | 0. | 0. | 0. |
| Dr. Danouta Deeb<br>937 Lakeview Dr. WP, | Director<br>0 | 0. | 0. | 0. |
| Jean-Marc Denis<br>724 e Concord St Orl, | Director<br>0 | 0. | 0. | 0. |
| James Ryder<br>517 Richmond St Orl, | Director<br>0 | 0. | 0. | 0. |
| Denette Tenney<br>1811 Palmer Ave. WP, | Director<br>0 | 0. | 0. | 0. |

**Part V Other Information** (Note the statement requirements in instructions for Part VI )

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 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, 6a and 7a (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 section 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 | | |
| 36 | Was there a liquidation, dissolution, termination, or substanial contraction during the year? If "Yes," complete applicable parts of Schedule N | 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," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 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 | | | |
| 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 (4) organizations. Did the organization engage in any section 4958 excess benefit tranaction during the year or did it become aware of an excess benefit tranaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | | X |
| 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? If "Yes," complete Form 8886-T | 40e | | X |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | | |
| 42 a | The books are in care of ▶ Bernard Lodde Tel. no ▶ 407-895-1300 | | | |
| | Located at ▶ 1516 E Colonial Dr. Orl, FL ZIP + 4 ▶ 32803-4732 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | 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 and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | X |
| | 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 ▶☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |

**Part VI Section 501(c)(3) organizations only** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | | |

50 Complete this table for the 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 address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $100,000 ▶ | | | | |

51 Complete this table for the 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 thn $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over $100,000 ▶ | | |

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

**Please Sign Here**

Signature of officer B. C. Lodde Date 5-26-2010

Type or print name and title BERNARD C. LODDE

**Paid Preparer's Use Only**

| | | | | |
|---|---|---|---|---|
| Preparer's signature | Pete S Brown | Date 05/24/10 | Check if self-employed ▶ X | Preparer's SSN or PTIN (See Gen. Inst. W) P00079148 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | Pete S. Brown, Jr. C.P.A.<br>2728 S. Ferncreek Ave<br>Orlando, FL 32806 | | EIN ▶ 59-2135479<br>Phone no ▶ (407) 896-7239 | |

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

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

**The Alliance Francaise Greater Orl**

Employer identification number

**23-7452521**

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

The organization is not a private foundation because it is: (Please check only **ONE** applicable 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).** (Attach Schedule H )

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).** (see instructions )

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 public 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-Other

**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 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?

| | | Yes | No |
|---|---|---|---|
| (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? | 11g(i) | | |
| (ii) a family member of a person described in (i) above? | 11g(ii) | | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

**h** Provide the following information about the organizations the organization supports

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (describe 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 (i) of your support? | | (vi) Is the organization in (i) Organized in the U.S.? | | (v) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

**Part III** **Support Schedule for Organizations Described in IRC 509(a)(2)** (Complete only if you checked the box on line 9 of Part I )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total** Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1,2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of line 13 for the year or $5,000 | | | | | | |
| c Total on lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract ln 7c frm ln 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Total of 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 | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total Support** (Add lns 9, 10c, 11 & 12) | | | | | | |

14 **First Five Years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 | % |
| 16 Public Support Percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Public Support Percentage for **2008** (line 10c column (f) divided by line 13 column (f)) | 17 | % |
| 18 Public Support Percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | % |

19a **33 1/3 % support tests - 2008:** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2007:** If the organization did not check the 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private Foundation:** If the organization did not check the box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part II Fundraising Events.** (Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

| Revenue | (a) Event #1 Trip to France (event type) | (b) Event #2 Other Events (event type) | (c) Other Events (total number) | (d) Total Events (Add Col (a) through Col (c)) |
|---|---|---|---|---|
| 1 Gross receipts | 32,615. | 10,196. | | 42,811. |
| 2 Less: Charitable contributions | | | | |
| 3 Gross revenue (line 1 minus line 2) | 32,615. | 10,196. | | 42,811. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Non-cash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Other direct expenses | 29,572. | 5,810. | | 35,382. |
| 8 Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | ( 35,382. ) |
| 9 Net income summary. Combine lines 3 and 8 in column (d) ▶ | | | | 7,429. |

**Part III Gaming.** (Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

| Revenue | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add Col (a) through Col (c)) |
|---|---|---|---|---|
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Non-cash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| 8 Net gaming income summary. Combine lines 3 and 8 in column (d) ▶ | | | | |

| | | Yes | No |
|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities. ____ | | |
| a | Is the organization licensed to operate gaming activites in each of these states? 9a | | |
| b | If "No," Explain: | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a | | |
| b | If "Yes," Explain: | | |
| 11 | Does the organization operate gaming activities with nonmembers? 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 | | |

The Alliance Francaise Greater Orl
23-7452521
Form 990-EZ - For Year Ended 06/30/09

Note 1

Page 1 Line 16 Other Expenses:

| | |
|---|---|
| Meetings | $ 415 |
| Bank Charges | 272 |
| Insurance | 691 |
| Office supplies | 855 |
| Telephone | 684 |
| Travel & Ent. | 309 |
| Advertising | 297 |
| Depreciation | 900 |
| Website expenses | 535 |
| Dues and membership | 442 |
| Other admin. | 125 |
| Program services- Supplies | 225 |
| Program services- Awards | 192 |
| Program services- Books for school | 597 |
| Total | $ 6,539 |