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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)

OMB No 1545-0050

**2009**Department of the Treasury  
Internal Revenue Service

► 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 \$500,000 and total assets less than \$1,250,000 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.

**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **07/01**, 2009, and ending **06/30**, 2010

- 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 of  
Greater Orlando**  
1516 E Colonial Drive St. 120  
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 its gross receipts are normally not more than \$25,000  
A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **►\$ 66,576.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

|           |                                                                                                                                                  |           |                |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                       | <b>1</b>  |                |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                  | <b>2</b>  | <b>53,110.</b> |
| <b>3</b>  | Membership dues and assessments                                                                                                                  | <b>3</b>  | <b>4,119.</b>  |
| <b>4</b>  | Investment income                                                                                                                                | <b>4</b>  | <b>961.</b>    |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b> |                |
| <b>b</b>  | Less: cost or other basis and sales expenses                                                                                                     | <b>5b</b> |                |
| <b>c</b>  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | <b>5c</b> |                |
| <b>6</b>  | Special events and activities (complete app. parts of Sch.G) If any amount is from gaming, check here <input type="checkbox"/>                   |           |                |
| <b>a</b>  | Gross revenue (not including \$ of contributions reported on line 1)                                                                             | <b>6a</b> | <b>8,386.</b>  |
| <b>b</b>  | Less: direct expenses other than fundraising expenses                                                                                            | <b>6b</b> | <b>5,118.</b>  |
| <b>c</b>  | Net income or (loss) from special events and activities (line 6a less line 6b)                                                                   | <b>6c</b> | <b>3,268.</b>  |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                            | <b>7a</b> |                |
| <b>b</b>  | Less: cost of goods sold                                                                                                                         | <b>7b</b> |                |
| <b>c</b>  | Gross profit or (loss) from sales of inventory (line 7a less line 7b)                                                                            | <b>7c</b> |                |
| <b>8</b>  | Other revenue (describe ►)                                                                                                                       | <b>8</b>  |                |
| <b>9</b>  | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)                                                                                   | <b>9</b>  | <b>61,458.</b> |
| <b>10</b> | Grants and similar amounts paid (attach schedule)                                                                                                | <b>10</b> |                |
| <b>11</b> | Benefits paid to or for members                                                                                                                  | <b>11</b> |                |
| <b>12</b> | Salaries, other compensation, and employee benefits                                                                                              | <b>12</b> |                |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                  | <b>13</b> | <b>27,512.</b> |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b> | <b>21,460.</b> |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                    | <b>15</b> | <b>121.</b>    |
| <b>16</b> | Other expenses (describe ► <b>Administrative Expenses</b> )                                                                                      | <b>16</b> | <b>19,063.</b> |
| <b>17</b> | <b>Total expenses</b> (add lines 10 through 16)                                                                                                  | <b>17</b> | <b>68,156.</b> |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | <b>18</b> | <b>-6,698.</b> |
| <b>19</b> | 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) | <b>19</b> | <b>36,546.</b> |
| <b>20</b> | Other changes in net assets or fund balances (attach explanation)                                                                                | <b>20</b> |                |
| <b>21</b> | Net assets or fund balances at end of year (combine lines 18 through 20)                                                                         | <b>21</b> | <b>29,848.</b> |

**Part II Balance Sheets**--If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions)

|                                                                                              | (A) Beginning of year | (B) End of year |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments                                                     | <b>30,678.</b>        | <b>23,109.</b>  |
| <b>23</b> Land and buildings                                                                 | <b>4,789.</b>         | <b>6,061.</b>   |
| <b>24</b> Other assets (describe ► <b>Book Inventory and Prepaid</b> )                       | <b>2,439.</b>         | <b>1,686.</b>   |
| <b>25</b> <b>Total assets</b>                                                                | <b>37,906.</b>        | <b>30,856.</b>  |
| <b>26</b> <b>Total liabilities</b> (describe ► <b>Accounts Pay. and Other</b> )              | <b>1,360.</b>         | <b>1,008.</b>   |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | <b>36,546.</b>        | <b>29,848.</b>  |

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Form **990-EZ** (2009)

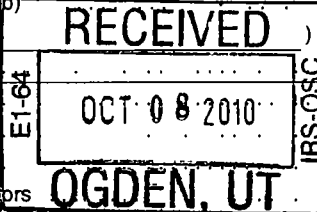
P 21

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EXPENSES

NET ASSETS



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

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.

|     |         |
|-----|---------|
| 28a | 52,052. |
|-----|---------|

**29a**

**30a**

**31a**

|    |         |
|----|---------|
| 32 | 52,052. |
|----|---------|

[illegible]

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

|      |                                                                                                                                                                                                                                                                                                                                                                                                     | 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 . . . . .                                                                                                                                                                                                                                                  |     | <b>X</b> |
| 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 . . . . .                                                                                                                                                                                                                                              |     | <b>X</b> |
| 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? . . . . .                                                                                                                                                                                                                                             |     | <b>X</b> |
| b    | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                   |     |          |
| 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 . . . . .                                                                                                                                                                                                         |     | <b>X</b> |
| 37 a | Enter amount of political expenditures direct or indirect, as described in the instructions ▶ <b>37a</b>                                                                                                                                                                                                                                                                                            |     |          |
| b    | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                             |     | <b>X</b> |
| 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? . . . . .                                                                                                                                                                   |     | <b>X</b> |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>                                                                                                                                                                                                                                                                                                     |     |          |
| 39   | Section 501(c)(7) organizations Enter:                                                                                                                                                                                                                                                                                                                                                              |     |          |
| a    | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>                                                                                                                                                                                                                                                                                                                   |     |          |
| b    | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>                                                                                                                                                                                                                                                                                                          |     |          |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 ▶ <b>0.</b> , section 4912 ▶ <b>0.</b> , section 4955 ▶ <b>0.</b>                                                                                                                                                                                                           |     |          |
| b    | Section 501(c)(3) and 501(c)(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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . |     | <b>X</b> |
| c    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <b>0.</b>                                                                                                                                                                                               |     |          |
| d    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <b>0.</b>                                                                                                                                                                                                                                                                 |     |          |
| 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 . . . . .                                                                                                                                                                                                                                  |     | <b>X</b> |
| 41   | List the states with which a copy of this return is filed ▶                                                                                                                                                                                                                                                                                                                                         |     |          |
| 42 a | The organization's books are in care of ▶ <b>Bernard Lodde</b> Tel. no. ▶ <b>407-895-1300</b><br>Located at ▶ <b>1516 E Col. Dr. #120 Orl., FL</b> ZIP + 4 ▶ <b>32803-4732</b>                                                                                                                                                                                                                      |     |          |
| 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)? . . . . .                                                                                                                                                  | Yes | No       |
|      | If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                                                                                  |     | <b>X</b> |
|      | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.</b>                                                                                                                                                                                                                                                            |     |          |
| c    | At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .                                                                                                                                                                                                                                                                                        |     | <b>X</b> |
|      | If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                                                                                  |     |          |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041--</b> Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                        |     |          |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                        |     | <b>X</b> |
| 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 . . . . .                                                                                                                                                                                                                                     |     | <b>X</b> |

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 X
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 48 X
- b If "Yes," was the related organization(s) a section 527 organization? 49a X
- 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" 49b

| (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                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
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|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

f 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 than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| None                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d 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 *Pete S. Brown* Date 6 Oct. 4, 2010

Type or print name and title. BERNARD LODDÉ, President

**Paid Preparer's Use Only**

Preparer's signature *Pete S. Brown* Date 09/27/10 Check if self-employed ☒ 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. EIN 59-2135479

2728 S. Ferncreek Ave Phone no (407) 896-7239

Orlando, FL 32806

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

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

OMB No 1545-0047

## 2009

**Open to Public Inspection**

**Department of the Treasury**  
**Internal Revenue Service**

Name of the organization

# The Alliance Francaise of Greater Orlando

Employer identification number

**23-7452521**

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

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?

(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? ☐

h Provide the following information about the supported organization(s)

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

| (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.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|-------------------------------------------------------------|----|--------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                         | No | Yes                                                    | No |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |
| Total                              |          |                                                                                             |                                                                         |    |                                                             |    |                                                        |    |                         |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**  
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Schedule A (Form 990 or 990-EZ) 2009

**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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")                                                                        |          |          |          |          | 3,744.   | 3,744.    |
| 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 |          |          |          |          | 43,282.  | 43,282.   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          | 42,811.  | 42,811.   |
| 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 <b>Total.</b> Add lines 1-5                                                                                                                                              |          |          |          |          | 89,837.  | 89,837.   |
| 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 \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Total on lines 7a and 7b                                                                                                                                                 |          |          |          |          |          |           |
| 8 <b>Public Support</b> (Subtract line 7c from line 6.)                                                                                                                    |          |          |          |          |          | 89,837.   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                        | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6                                                                                                              |          |          |          |          | 89,837.  | 89,837.   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          | 1,037.   | 1,037.    |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| c Total of lines 10a and 10b                                                                                                       |          |          |          |          | 1,037.   | 1,037.    |
| 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 <b>Total Support</b> (Add lines 9, 10c, 11 & 12)                                                                                |          |          |          |          |          | 90,874.   |

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 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | % |
| 16 Public Support Percentage from 2008 Schedule A, Part III, line 15                    | 16 | % |

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

|                                                                                           |    |   |
|-------------------------------------------------------------------------------------------|----|---|
| 17 Public Support Percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | % |
| 18 Public Support Percentage from 2008 Schedule A, Part III, line 17                      | 18 | % |

19a **33 1/3 % support tests - 2009:** 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 - 2008:** 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 ☐

Note 1

Page 1 Line 16 Other Expenses:

|                                |          |
|--------------------------------|----------|
| Meetings                       | \$ 668   |
| Bank Charges                   | 389      |
| Insurance                      | 865      |
| Office Supplies                | 1,412    |
| General /Kitchen Supplies      | 356      |
| Telephone                      | 672      |
| Travel/ Entertainment          | 461      |
| Advertising                    | 3,941    |
| Depreciation                   | 978      |
| Web and Information Management | 1,978    |
| Misc.                          | 1,725    |
| Dues and Memberships           | 794      |
| Children's Camp Expense        | 2,553    |
| Books for school               | 2,271    |
|                                | -----    |
|                                | \$19,063 |