

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

Department of the Treasury Internal Revenue Service

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 \$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 t	ne 2009 calend	ar year,	or tax year beginning	August 1	, 2009,	and ending		luly 31	1	, 20 10
В	Check	if applicable.	Please	C Name of organization				D Empl	oyer id	lentification r	number
	Addre	ss change	use IRS label or	Rice Lake Elementary P1	ro				4	1-1443591	
=		change	print or	Number and street (or P.O b	ox, if mail is not delivered to s	street address)	Room/suite	E Telep	hone n	umber	
H	initial i Termir		type. See	13755 89th Ave. N.				İ	76	3-420-4220)
Ħ		ded return	Specific Instruc-	City or town, state or country	, and ZIP + 4		·	F Grou	лр Ехе	mption	
=		ation pending	tions.	Maple Grove, MN 55369-	9573				nber I	•	N/A
	• S	ection 501(c)(3)	organia	zations and 4947(a)(1) non	exempt charitable trusts	s must attach	G Acc	ounting M	ethod:	✓ Cash	Accrual
			-	mpleted Schedule A (Forn	-			er (specify			
							H Che	ck ▶ 🗸	if the o	organization	ıs not
1.1	Web	site: ►								chedule B (f	
J	rax-€	xempt status (check o	nly one) — 🗹 501(c) (3)	◀ (insert no.)	a)(1) or 5	27 990	-EZ, or 99	0-PF).	•	•
	Chec			zation is not a section 509(a			s receipts an	normally	not m	ore than \$25	5,000. A
	Form		-	turn is not required, but if t		-					,
				e 9 to determine gross receip					\$	<u> </u>	
	art			enses, and Changes					ction	s for Part	<u>l.)</u>
	1			ts, grants, and similar an					1		1,150.00
	2			revenue including govern		ts			2		0
	3	-		s and assessments					3		0
	4		•						4		10.50
	5	a Gross amo	ount fro	m sale of assets other th	nan inventory	. 5a	1	0			
	1 -			er basis and sales expen			<u> </u>	0	1		
	-			n sale of assets other the			ine 5a) .		5c		0
95		•	,	tivities (complete applicable pa	- ,		,	re▶ 🔲			
ē		•		ot including \$	1,150.00 of contribu	-	.	-			
Revenue	1	reported o	•	· · · · · · · · · · · · · · · · · · ·		1	1	93,927.80	\		
•	1	•		nses other than fundrais		. 6b	 	55,562.07	1		
	1			ss) from special events a	- ·		line 6a) .		6c		38,365.73
	I _		•	entory, less returns and	•			0			
.,	1 -	b Less: cost		•		. 7b		0	1		
-			_	ss) from sales of invento	ry (Subtract line 7b fro				7c		0
	8			•	., (8		0
	9			dd lines 1, 2, 3, 4, 5c, 6c	. 7c. and 8	RE	SEIVE		9		39,526.23
, —	10			r amounts paid (attach s				S	10		40,910.80
,	11						6 - 9D	10	11		
· α	12	-		mpensation, and employ		MAL B	2 1 28	.II (0)	12		
SE	13			and other payments to i				<u></u>	13		75.00
Expenses	. 14			utilities, and maintenand	•		DEN,	 	14		
ũ	15	•	• •	ons, postage, and shipp		يب ب	<u> </u>		15		859.28
	16			describe Insurance)	16		262.00
	17			Add lines 10 through 16				•	17		42,107.08
9	18	Excess or	(deficit)) for the year (Subtract III	ne 17 from line 9)				18		(2,580.85)
šet	19			nd balances at beginnin							
Ą		end-of-yea	ar figure	e reported on pnor year's	s return)				19		18,855.20
Net Assets	20	Other chai	nges in	net assets or fund balar	nces (attach explanation	n)			20		
Z	21			d balances at end of yea					21		16,274.35
E	art			ets. If Total assets on lin					instea	ad of Form	990-EZ.
				(See the instructions	for Part II.)		(A) E	Beginning of	year	(B) End	of year
2	2	Cash, savings	, and ir	rvestments				18,8	55.20	22	16,274.35
2	3	Land and buil								23	
2		Other assets (describ				,			24	
2	5	Total assets						18,8	55.20	25	16,274.35
2		Total liabilitie	s (desc	onbe ►	•)			26	
2				balances (line 27 of colu	mn (B) must agree with	h line 21) .		18,8	55.20	27	16,274.35
Fo	r Priv			rk Reduction Act Notice, s			Cat. No.	106421		Form 99	0-EZ (2009)

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
What	is the organization's primary exempt purpose?	Augment Rice Lake Elemen	tary Student Educa	tion		ured for section
Desc	ribe what was achieved in carrying out the org	ganization's exempt purpor	ses. In a clear a	nd concise		c)(3) and 501(c)(4)
manr	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts, optional
each	program title.					hers.)
28	Funds provided to Rice Lake Elementary for comput	ter and other electronic equip	ment, field trips, st	udent		
	safety patrols, classroom support, awards, Legionvi	ille attendance, Lyceums, enr	ichment activities,	etc.		
	Approx. 730 students benefit	***************************************				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	33,696.22
29	Funds provided to City of Maple Grove for D.A.R.E.			-		
	Approx. 75 Rice Lake 6th grade students benefited					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	577.26
30	Other misc. contributions to promote and support the					
	Approx. 730 Rice Lake Elementary students benefits	4				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	6,637.32
31	5.1					
		includes foreign grants, ch	eck here	▶ □	31a	
32	Total program service expenses (add lines 28a			▶	32	40,910.80
Part	IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not compensa	ited. (See the	nstruc	tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & sation	account and other allowances
Rach	el Laurie		-			
1375	5 89th Ave. No. Maple Grove, MN 55369-9673	President (4 hours)	0	ŀ	0	o
Mary	Boho					
(sam	e as above)	Vice President (1 hour)	o		0	0
Amy	McVay					
(sam	e as above)	Vice President (1 hour)	۰ ا		0	o
Tany	a Glasspell Fischer					
(sam	e as above)	Secretary (1 hour)	ĺo		0	lo
Anne	Raskie					
(sam	e as above)	Treasurer (4 hours)	0		0	o
				-		
	•••••••••••••••••••••••••••••••••••••••	1				
		1		ļ		
					-	
		1				
		1			i	
		1				
		1		<u> </u>		
		1				
		1				
		<u> </u>				
	•••••••••••••••••••••••••••••••••••••••	•				
		1				
	*************************************	<u> </u>	 			
		1	İ			
			 			<u> </u>
		-				
		-		}		

00	Did the second of the control of the		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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓ ✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 237a Did the organization file Form 1120-POL for this year?	37b		1
38a	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 outstanding at the end of the period covered by this return?	38a		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	300		
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 is it aware that it engaged in 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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed. ▶ Minnesota		L	
42a	The digatization of books are in sale of the	763-22		6
	Located at ▶ 9069 Annapolis Lane N. Maple Grove, MN ZIP + 4 ▶	553	369	
p	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ► N/A	420		V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: N/A	42c	L	✓
43	Section 4947(a)(1) nonexempt chantable 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		. 1	► □ N/A
			Yes	No
	Did the automotion maintain and described funds of 800 2 Feet 000 much be accordated instead of	···	168	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	\	1

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49a and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab ritable trusts mus	le trusts only. A st answer question	ll sections 46	on 49b
	Did the organization engage in direct or indirect		ues on behalf of or	ın opposition to	Y	es No
	candidates for public office? If "Yes," complete				46	
	Did the organization engage in lobbying activities to the organization appeal or described in costi	•	•		47	
	Is the organization a school as described in section Did the organization make any transfers to an ex-		•		48	
	If "Yes," was the related organization a section 5	•	, ,		49a 49b	
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emplo	oyees (other than o	officers, directors, t	rustees	and key
	(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) Ex	pense int and owances
None						
					-	
	\$100,000 of compensation from the organizatio		· ···- ·- _• ·· ·	pe of service	(c) Compe	ensation
None					(0) 00	

d	Total number of other independent contractors of	each receiving over \$100,0	000▶			
	Under penalties of perjury, Leclare that I have examin	ed this return, including accompai	nying schedules and sta	tements, and to the bes	t of my kn	owledge
Sian	and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is	based on all information	./	any knowle	edge
Sign Here	I would			11110		·
	Signature of officer AME RASICIE 7180 Type or pnnt name and title	asurer		Date		
Paid	Preparer's signature	Date	Check rf self-	Preparer's identifying num	ber (See in:	structions)
Prepare	Firm's name (or		employed ▶	! <u> </u>		
Use On	yours if self-employed), address, and ZIP + 4			ione no 🕨		
May th	e IRS discuss this return with the preparer show	n above? See instructions		🕨	Yes	No
				For	m 990-	EZ (2009)

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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ions. Inspection
Employer identification number

Rice	Lake Elementary P									43591		
			rity Status (All orga						nstructio	ons.		
Par The d	Reason 1 organization is not organization is not organization is not organization. A church, com organization organizatio	or Public Cha a private foundativention of church pribed in section a cooperative hote earch organization, city, and state on operated for o)(1)(A)(iv). (Commer, or local government) trust described in that normally activities related gross investments.	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun- e: the benefit of a colle	or lines 1 churches ch Sched ation desiction with ge or united part of til.) ((Vi). (Coran 331/s%) ions—suitated busted busted busted busted suited busted b	through 1 s describ- ule E.) cribed in a hospit versity or scribed ii stribed ii tts suppo	section and description of the section of the secti	only one etion 170 170(b)(1) bed in se operated a 170(b)(1 a governi om contri xceptions come (let	box.) (b)(1)(A)(ii). (c)(iii). (d)(iii). (d)(iii). (d)(iii). (d)(iii). (d)(iii). (ection 17(iii). (d)(iii). (ection 17(iii). (d)(iii). (ection 17(iii). (d)(iii). (ection 17(iii). (ection 17(ii)	nstruction), (b)(1)(A) vernment nit or from members no more	(iii). Enternal unit of the genthal ship feese than 3	neral participation in the second sec	oublic gross of its
10 11 e	An organization An organization purposes of or 509(a)(3). Che a Type By checking to other than four or section 509 If the organization, organi	on organized and on organized are one or more publick the box that it is box, I certify indation manage (a)(2). ation received a check this box 17, 2006, has tons?	d operated exclusively and operated exclusively and operated exclusive objects supported organization from the organization or a written determination the organization acceptance.	to test for the dely for the dely for the dely for the dely formation of the dely format	or public some benefit described or ganta or elli-Funda or publicly the IRS to the gift or controlled or gift or gift or controlled or gift or gift or gift or controlled or gift or gif	safety. So t of, to d in sect zation an ctionally lirectly or support that it is contribution	ee section perform : ion 509(a d completion integrate r indirecti ed organ a Type on from a	the functal(1) or set lines 1 d ly by one izations of the liny of the	tions of, ection 50: 1e throug d [or more of the combed II, or Type	9(a)(2). S gh 11h. ☐ Type disqualifi in section	ill-Oi ied pe on 509	ction ther rsons 9(a)(1)
	(iii) below,	the governing b	ndirectly controls, eith ody of the supported on on described in (i) abo	organizat	ion?			describe	or in (ii) ar	11g(i 11g(i	$\overline{}$	No
h	(Hi) A 35% cor	ntrolled entity of	a person described in ion about the support	(i) or (ii) a	above?.					11g(0		
Ø	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (1) ile	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.7		lpport	of
A) Ri	ice Lake ementary	41-6001421	6	/	140	103	110	/	140			0
B)												
C)												
D)												
E)												<u> </u>
		i	!	I	l .	1	1	ł	1	I		

Part		tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Cast	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support	(a) 2006	(b) 2007	(c) 2008	(-0.2000	4-1-0040	40 + 1-1
Caleri 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2006	(0) 2007	(C) 2006	(d) 2009	(e) 2010	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly 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		e name	F 7 . 2755 . 27			
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Castl	organization, check this box and stop her				· · · · · ·		· · • 🗖
14	on C. Computation of Public Support Public support percentage for 2010 (line 6			d(0)		44	
15	Public support percentage from 2009 Sch					15	<u>%</u> %
16a	331/3% support test—2010. If the organiz						heck this
	box and stop here. The organization quali						
b	331/3% support test-2009. If the organic check this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ts the "facts-	and-circumsta	nces" test, che	ck this box ar	nd stop here. E	line 14 is Explain in
b	- · · ·	on meets the ests the	facts-and-ci and-circums 	rcumstances" tances" test. T	test, check the organization	nis box and stone or qualifies as a	and line op here. publicly
18	Private foundation. If the organization dicinstructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,	inpicto i dici		.,,
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	410.00	8,285.62	1,150.00	9,485.62
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	82,074.31	74,103.86	77,278.95	94,793.94	93,927.80	422,178.86
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	o	0	O	0
4	Tax revenues levied for the 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 furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	82,074.31	74,106.86	77,688.95	103,079.56	95,077.80	432,027.48
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	o	0	0
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	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						432,027.48
Secti	on B. Total Support				···············		· - · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	82,074.31	74,103.86	77,688.95	103,079.56	95,077.80	432,027.48
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	15.32	35.46	30.98	27.54	10.50	119.80
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	15.32	35.46	30.98	27.54	10.50	119.80
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	82,089.63	74,139.32	77,719.93	103,107.10	95,088.30	432,144.28
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth,	-		1 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2010 (line 8	, column (f) div	vided by line 1	3, column (f))		15	99.97 %
16	Public support percentage from 2009 Sch	edule A, Part I	II, line 15 .		<u></u> .	16	99.97 %
	on D. Computation of investment inc						
17	Investment income percentage for 2010 (17	.00028 %
18	Investment income percentage from 2009					18	.00032 %
19a	331/2% support tests—2010. If the organi						_
	17 is not more than 331/2%, check this box a						
þ	331/2% support tests—2009. If the organizatine 18 is not more than 331/2%, check this b	ox and stop h	ere. The organi	zation qualifies	as a publicly su	ipported organi	zation 🕨 🔲
20	Private foundation. If the organization did						

, , , orange, m	om 300 or 500 EE, 2010	rayen
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	······································	
•••••		
	······································	

Rice Lake PTO EIN: 41-1443591 Form 990EZ, Line 6 Schedule - Special Events

Total	93,927.80	93.927.80	55,562.07	38,365.73
All Other (1)	18,916.07	18,916.07	16,144.09	2,771.98
Silent Auction Fundraiser	2,647 53	2,647.53	632.85	2,014.68
Turkey Bingo Fundraiser	3,084.85	3,084 85	1,208.84	1,876.01
Fun Run Fundraiser	1,588.25	1,588 25	111.59	1,476.66
Carnival Fundraiser	6,915.85	6,915 85	4,289.39	2,626 46
	37,879.75	37,879.75	22,850.32	15,029.43
	22,895.50	22,895.50	10,324.99	12,570 51
	Gross Receipts Less: Contributions	Gross Revenue	Less. Direct Expenses	Net Income (Loss)

(1) All Other includes the following fundraising events: book fair, school dance, Gold C entertainment books and other small miscellaneous events.

Rice Lake PTO EIN· 41-1443591 Form 990EZ, Line 10 Schedule - Grants and Similar Amounts Paid

Class of Activity	Donee's Name Fundraiser	Donee's Address Fundraiser	Amount Fundraiser	Relationship
Electronic and computer equipment, music, field trips, student patrols, enrichment activities, classroom support, student awards, peer mediation and computer tech support and character education.	Rice Lake Elementary (part of Independent School District #279)	13755 89th Ave. No. (11200 93rd Ave. No.) Maple Grove, MN 55369	33,396.22	None
D.A.R.E Program Drug education and resistance program for students	City of Maple Grove Minnesota	12800 Arbor Lakes Pkwy Maple Grove, MN	577.26	None
Ice cream treats for students, Super kids day, staff appreciation, volunteer coordinator supplies and support and other Miscellaneous.	Many	Many	6,637.32	None