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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $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

OMB No 1545-0050

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07/01 , 2010, and ending 06/30 , 2011

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 ▶

G Accounting method. ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶ www.aforlando.org

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** it's gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶$ 106,678.

SCANNED OCT 31 2011

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

Check if the organization used Schedule O to respond to any question in this Part I . . . ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	92,555.
	3	Membership dues and assessments		3	3,956.
	4	Investment income		4	359.
	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 (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b	9,808.	
	c	Less: direct expenses from gaming and fundraising events	6c	5,841.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,967.
	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 in Schedule O)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	100,837.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		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	44,305.
	14	Occupancy, rent, utilities, and maintenance		14	25,837.
	15	Printing, publications, postage, and shipping		15	151.
	16	Other expenses (describe in Schedule O)		16	25,067.
	17	**Total expenses** Add lines 10 through 16 ▶		17	95,360.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,477.
	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	29,848.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	50.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	35,375.

RECEIVED
OCT 12 2011
OGDEN, UT
24 IRS-OSC

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SBA Copyright 2010 Saxon Tax Software

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of the year		(B) End of year
22	Cash, savings, and investments	23,109.	22	29,745.
23	Land and Buildings	6,061.	23	4,931.
24	Other assets (describe in Schedule O)	1,686.	24	2,224.
25	**Total assets**	30,856.	25	36,900.
26	**Total liabilities** (describe in Schedule O)	1,008.	26	1,525.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	29,848.	27	35,375.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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

28 Average of 65 students and a total of 82 members

(Grants $) If this amount includes foreign grants, check here . . ▶ ☐ 28a 79,496.

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 79,496.

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

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (see the instructions)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☒

(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
Bernard Lodde Attached	President			
Dr. Danouta Deeb Attached	Director			
Jean-Marc Denis Attached	Director			
James Ryder Attached	Director			
Denette Tenney Attached	Director			

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

▶ Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 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 (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		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 501(c)(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 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 900-EZ? If "Yes," complete Schedule L, Part I	40b		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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 organization's books are in care of ▶ Bernard Lodde Tel no ▶ 407-895-1300
Located at ▶ 1516 E Col. Dr. ste120 , Orlando, FL ZIP + 4 ▶ 32803-4732

			Yes	No
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
44a	Did the organization maintain any donor advised funds during the year ? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization recieve any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	✓	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
	a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a		
46		Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI 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 47-49b and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI X

			Yes	No
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 ley 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				

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 thn $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ X Yes ☐ No

Sign Here

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

Signature of officer — Oct. 7, 2011 (Date)

Bernard LODDE, PRESIDENT

Type or print name and title

Print preparer's name	Preparer's signature	Date	Check if self-employed ▶ X	PTIN
Pete S Brown Jr	Pete S Brown	09/28/11		P00079148

Paid Preparer Use Only

Firm's name ▶	Pete S Brown Jr CPA	Firm's EIN ▶	59-2135479
Firm's address ▶	2728 S Ferncreek Orlando, FL 32806	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

2010

Open to Public Inspection

Name of the organization
The Alliance Francaise of

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: (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).**

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?

		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 supported organization(s)

(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 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)

Section A. Public Support

Calendar 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")		3,716.	3,744.	4,119.	3,956.	15,535.
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		60,720.	43,282.	53,110.	92,555	249,667.
3 Gross receipts from activities that are not an unrelated trade or business under section 513		8,856.	42,811.	8,386.	9,808.	69,861.
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 through 5		73,292.	89,837.	65,615.	106,319	335,063.
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 **Public Support** (Subtract ln 7c frm ln 6)						335,063.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		73,292.	89,837.	65,615.	106,319	335,063.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		888.	1,037.	961.	359.	3,245.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Total of lines 10a and 10b		888.	1,037.	961.	359.	3,245.
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)						338,308.

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 2010 (line 8 column (f) divided by line 13 column (f))	15	99.04 %
16 Public Support Percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Public Support Percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0.96 %
18 Public Support Percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010:** 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 - 2009:** 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 ▶ ☐

Schedule O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization: The Alliance Francaise of

Employer identification number: 23-7452521

Page 1 - Line 16, Other expenses

Description	Total
See attached	25,067.
Totals:	25,067.

Page 1 - Line 20, Other changes in net assets

Misc. Adjustment	50.
	50.

Page 2 - Line 24, Other assets (at year end)

Deposits	938.
Prepaid items	632.
Inventory	654.
	2,224.

Page 2 - Line 26, Other liabilities (at year end)

Accounts Payable	500.
Other current Liabilities	1,025.
	1,525.

Name of the organization: The Alliance Francaise of

Employer identification number: 23-7452521

Part IV - Names and Addresses

Bernard Lodde
421 Evesham Pl, Longwood, FL 32779

Dr. Danouta Deeb
937 Lakeview Dr, Winter Park, FL

Jean-Marc Denis
724 E Concord St, Orlando, FL

James Ryder
517 Richmond St, Orlando, FL

Denette Tenney
1811 Palmer Ave, Winter Park, FL

Note 1

Page 1 Line 16 Other Expenses:

Meetings	1071
Bank Charges	233
Insurance	1036
Office Supplies	1598
General /Kitchen Supplies	587
Telephone	645
Travel/ Entertainment	255
Advertising	4148
Depreciation	1912
Website Host Cost & database mgt	456
Misc.	111
Dues and Memberships	807
Childern's Camp Expense	2227
Immersion Teacher Fees & Exp.	5993
Books for school	3687
Teaching Materials	301

	$25067