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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.

Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

inte	mal Rever	nue Service	► The organization may i	have to use a co	opy of this return	to satisfy state	reporting requi	irements.			
ΑI	For the	2012 calenda	ar year, or tax year beginnin	g	MAY 1	, 2012	, and ending	AP	RIL 30	, 2	0 13
B	Check if ap	plicable	C Name of organization		<u> </u>			D Emplo	yer iden	tification num	ber
	Address change MINGHUI SCHOOL INC						55-	0880543			
$\overline{}$		Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te				E Teleph	one num	ber			
=	Initial return PO BOX 683					908-	329-0919				
=	Terminated Amended		City or town, state or country, ar	nd ZIP + 4				F Group	Exem	otion	
=	Application		SOMERVILLE, NJ 08876					Numl	ber 🕨		
G	Account	ing Method	✓ Cash	Other (specify)	•		Н	Check ▶	· 🗸 ıf t	he organizat	on is not
1 3	Websit	e:▶ www.	minghuischoolus.org							h Schedule l	
				501(c) () ◀ (insert no.)	4947(a)(1) o	r 527	(Form 99	0, 990-	EZ, or 990-P	F).
$\overline{\mathbf{K}}$	Check ▶	lf the	organization is not a section	509(a)(3) suppo	orting organizati	on or a section	527 organizati	on and its	gross r	eceipts are n	ormally
1	not more		0. A Form 990-EZ or Form 99								
			ses to file a return, be sure to								
LA	Add lines	5b, 6c, and 7	b, to line 9 to determine gross re	eceipts. If gross	s receipts are \$2	00,000 or more	, or if total asset	ts (Part II,			
lı	ne 25, co	olumn (B) belo	w) are \$500,000 or more, file Fo	orm 990 instead	of Form 990-EZ				▶ \$		70,499
Р	art I	Revenu	e, Expenses, and Char	nges in Net	Assets or F	und Balan	ces (see the	instruc	tions f	or Part I)	
			the organization used So	-			•			•	. 🗸
	1		ons, gifts, grants, and simil					[1		25
	2		ervice revenue including go			cts		[2		70,474
	3		ip dues and assessments					[3		
	4	Investment	income					[4		
	5a	Gross amo	unt from sale of assets oth	ner than invei	ntory	5a		F			
	Ь	Less: cost-	or-other-basis-and-sales-ex	xpenses		5b	1		- 1		
	C		ss) from sale of assets other				line 5a)		5c		
	6		d fundraising events	\mathbf{o}^{\dagger}	•		•	F			
ē	а	Gross inc \$15,000) \$	ome from gaming attac	Schedule	G if greate	r than · · 6a	1				
Revenue	ь	1 - 2	me from fundraising event	(i) e/pot includi	ına ¢		of contributio	ne			
ě	"		aising events reported⊧on				or contributio		- 1		
Œ			h gross income and contri				1				
	C		t expenses from gaming a			6c					
	ď		e or (loss) from gaming a		_		<u> </u>	ıbtract			
	"	line 6c) .							6d		
	7a	•	s of inventory, less returns	and allowan	Ces	7a	<i>.</i>	· `	-		
	b		of goods sold	and anowan	ces	7b					
	C		it or (loss) from sales of inv	enton/(Subt	ract line 7h fr				7c		
	8		nue (describe in Schedule			- ·		· · · }	8		1,100
	9		nue. Add lines 1, 2, 3, 4, 5	•				·	9		
	10		I similar amounts paid (list					· •	10		70,499
	11								11		
G			ther compensation, and en						12		13,545
Expenses	13		al fees and other payments					<u> </u>	13		5,018
ĕ	14		, rent, utilities, and mainte						14	<u> </u>	
X	15	•	ublications, postage, and s					_	15		29,253
_	16		enses (describe in Schedul						16		47.470
	17										17,479
	18	Evene expe	nses. Add lines 10 throug deficit) for the year (Subtra	not line 17 fm			· · · · · ·	· •	17		65,295
şts	19		deficit) for the year (Subtra or fund balances at begi		•			- 1	18		5,204
SS	' "		r figure reported on prior y		•	•		L	ا مَه		
Net Assets	20	=		-				L	19		
å	20		iges in net assets or fund b			•		⊢	20		
	21		or fund balances at end o					<u> </u>	21	000 F	
ror	raperv	work Heauct	ion Act Notice, see the sepa	irate instructi	ons.	Ca	t No 10642I			Form 990-E	=Æ (2012)

	990-EZ	(0040)
-01111	SHUFFE	120121

Pa	Balance Sheets (see the instructions	or Part II)				
	Check if the organization used Schedule		ny question in this	Part II		Г
	oned in the organization acces concedure	o to respond to di	ry question in the	(A) Beginning of year	' 	(B) End of year
22	Cash, savings, and investments			37,454	22	42,657
23	Land and buildings			0.,404	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			37,454		42,657
26	Total liabilities (describe in Schedule O)			0.7101	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	37,454	27	42,657
Par	III Statement of Program Service Accom	plishments (see th	e instructions for	Part III)		Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔲	(Red	guired for section
What	is the organization's primary exempt purpose?	Education			501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provide	orogram services, d, the number of	494	anizations and section 7(a)(1) trusts, optional others.)
28	Weekend school & summer camp teaching Chinese	anguage, culture and	other subjects.			
				•••••	1	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	> 🗆	288	65,299
29						
			····		i	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29a	1
30			· 			
			····			
	(Grants \$) If this amount	radicales fereiros aus		······		
31	Other program services (describe in Schedule O)	includes foreign gra			30a	<u> </u>
31		ıncludes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check fiele .	· · · · ·	32	+
Part						
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-			Estimated amount of other compensation
	zhi Sui				1	
	ill Street, Phillipsbury, NJ 08865	Principal, 2 hours		0	0	
	Zhang	Vice Principal,				
	der Road, Edison, NJ 08817	8 hours		0	0	
Lily V						
	eefe Road, Bridgewater, NJ 08807	Trustee, 8 hours	2,55	4	<u> </u>	
Chii H	xchase Lane, Ledgewood, NJ 07852	Truckee A haven				,
Tim S		Trustee, 4 hours		0	0	
	Duncan Avenue, Jersey City, NJ 07306	Trustee, 4 hours		0	0	,
	g Sun	Trastee, 4 floars			┪	
	lountain Avenue, Springfield, NJ 07081	Trustee, 4 hours		o	0	(
Hailin				-	1	
	range Road, Otisville, NY 10963	Trustee, 2 hours		o	اه	(
					Ť	
					\perp	
						

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	v . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant 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		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		_	
ь 38а	Did the organization file Form 1120-POL for this year?	37b	-	✓
- Julia	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		_
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-] :
40a	Gross receipts, included on line 9, for public use of club facilities	-		
404	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			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		- -
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		- V
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		152	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a		✓
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		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L	✓
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	دَمَمَ		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	+5a	 	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

roilli 99	50-EZ (2012)							aye ¬
46	Did the organization engage, directly or ii	ndirectly, in political c	ampaign activities on	behalf of or	n opposition		Yes	No
	to candidates for public office? If "Yes,"	complete Schedule C				46		1
Part '	All section 501(c)(3) organization 50 and 51	ns must answer que			nplete the ta	bles f	or line	 ∋s
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>	· ·		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a s	section 501(h) election		-	47	Yes	No
48	Is the organization a school as described i)? If "Yes," complete	Schedule E		48	1	_
49a	Did the organization make any transfers t					49a		√
b	If "Yes," was the related organization a se					49b		✓
50	Complete this table for the organization's employees) who each received more than							
	employees) who each received more than	<u> </u>	1	(d) Health b		irei iv	one.	
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, a compens	employee (e) I	Estimate ther com		
						-	<u>-</u>	
				ļ				
		•						
f 51 ——	Total number of other employees paid over Complete this table for the organization \$100,000 of compensation from the organization fr	's five highest compe	ensated independent	contractors	who each rec	ceived	more	thar
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice	(c) Com	npensatio	on	
				- "				
d	Total number of other independent contra	actors each receiving	over \$100,000	>				
52	Did the organization complete Schedule anonexempt charitable trusts must attach			and 4947(a)	`	_ ⊒ Yes	_	No
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other tha	return, including accompan	ying schedules and stateme	ents, and to the b	est of my knowle			
	rect, and complete Declaration of preparer (other tha	Tronicer) is based on an inic		nas any knowledg				
Sign	Signature of officer	./	ncipal	Date	8-10-	20/		
Here	Type or print name and title	9 <i>P111</i>						
Paid Prepa	Print/Type preparer's name	Preparer's signature	Da	ate	Check I if self-employed	PTIN		
Use (Only Firm's name >			Firm's	s EIN ▶			
Mayth	Firm's address ► ne IRS discuss this return with the prepare	r shown above? See	netructions	Phon	e no	7 v		
iviay if	ie ino discuss triis return with the prepare	a SHOWH ADOVE! See I		<u> </u>	🟲 🛚	_j Yes	□ □ 「	No

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

MINGHUI SCHOOL INC 55-0880543 Part I Reason for Public Charity Status (All organizations must complete this part.) See 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). 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: 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). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/₃% 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 331/3% 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 publicly 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. **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Yes No 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) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the organization in col (i) listed in your the organization in (described on lines 1-9) organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support					,	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")]				
2	Tax revenues levied for the			<u> </u>			
_	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					İ	
	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	<u> </u>	l	<u> </u>	l		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
10	loss from the sale of capital assets					İ	
	(Explain in Part IV.)		1				
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc	. (see ınstructı	ons)			12	
13	First five years. If the Form 990 is for the	-			_		
	organization, check this box and stop he		<u></u>	<u></u>	<u> </u>	<u> </u>	<u> ▶ □</u>
	on C. Computation of Public Suppor					T	
14	Public support percentage for 2012 (line 6		-			14	<u>%</u>
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization					15	%
IVa	box and stop here. The organization qua			•			. > []
b	331/3% support test—2011. If the organ	-		-			_
_	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test - 20	012. If the ora	anization did n	ot check a box	on line 13, 16	ia. or 16b. and	
	10% or more, and if the organization me	_			•		
	Part IV how the organization meets the "f	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test. T	ne organizatio	n qualifies as a	a publicly
10	supported organization	d not chack a					· - 📙
18	instructions	и посспеска	. DOX ON LINE 13	, 10d, 10D, 1/8	a, OF 17D, CNEC	K this box and	see
		· · · ·		· · · · ·	<u> </u>		· 💆 🛄

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	4401 11.0 10	oto notoa pole	544, p.oaco oc	sinploto i diti		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		!				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					-	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						ls.
_	•						
8	Add lines 7a and 7b						
Ū	line 6.)						
Secti	on B. Total Support		l	<u> </u>	L		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2000	(0) 2010	(4) 2011	(6) 2012	(i) rotai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				,		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				<u> </u>		
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						
12	(Explain in Part IV.)		ļ				
13	and 12.)						
14	First five years. If the Form 990 is for the	L organization	'e firet secon	d third fourth	or fifth tax v	ar as a soction	501(a)(3)
• •	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2012 (line			3, column (fl)		15	%
16	Public support percentage from 2011 Sci		-			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box					•	
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 📋

Page	4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information instructions).					
	······································				
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** MINGHUI SCHOOL INC 55-0880543 ADVERTISING \$564 CLASSROOM MATERIAL \$310 DUES AND SUBSCRIPTIONS \$455 INSURANCE \$1,850 \$57 PRINTING OFFICE SUPPLIES \$60 PO BOX RENTAL \$120 \$577 SUMMER CAMP ACTIVITIES AND SUPPLIES \$7,234 TEXTBOOKS \$5,223 TRAINING \$75 TOTAL OTHER EXPENSES \$17,479 SPONSOR FROM TAIWAN CULTURE EVENTS \$1,000 HOSTING OF POETRY CONTEST \$100 **TOTAL OTHER REVENUE** \$1,100

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Name of the organization	Employer identification number
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