SCANNED JUL 0 3 2006

" Forn 990

Department of the Treasury

Internal Revenue Service

Reten of Organization Exempt From Come Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2005
Open to Public Inspection

| A Fo | r the 2 | 00 <u>5 cale</u> | ndar year, or tax year beginnin | g | 005, and ending | | |
|------------|-------------------------|-------------------------|--|---|------------------------|---|----------------------|
| B che | ck if applicab | | _ | OMMUNITY LEARNING CENTER | RINC | D Employer identifi | cation number |
| | change | use IRS label or | DBA WORLD LITERACY C | RUSADE OF PINELLAS CO. | | 59-3521809 | |
| | Name chan | ^{ige} print or | Number and street (or P O bo | ox if mail is not delivered to street address | Room/suite | E Telephone numb | er |
| \vdash | Initial return | See | 1611 N DE HADDIGON | 7.17 | | (707) 441 4 | 4.4.4 |
| | Final return Amended | Specific | 1611 N. FT. HARRISON | | | (727) 441-4 F Accounting | |
| | return Application | Instruc- tions | City or town, state or country, a | | | method X Ca | |
| | pending | | CLEARWATER, FL 33755- | | | Other (specify | |
| | | | ection 501(c)(3) organizations and usts must attach a completed Sch | | | plicable to section 527 | <u> </u> |
| | | | usis must attach a completed Sch | edule A (FOIIII 990 OF 990-22). | H(a) Is this a grou | p return for affiliates? | Yes X No |
| | | ► N/A | | | H(b) If "Yes," ente | er number of affiliates | <u>-</u> |
| J O | rganizati | on type (ch | eck only one) ▶ X 501(c) (3) ◀ | (insert no) 4947(a)(1) or 527 | H(c) Are all affiliate | es included? th a list. See instructions | Yes No |
| K C | heck here | , ▶ ∟ | if the organization's gross receipts | are normally not more than \$25,000 The | H(d) Is this a separa | | |
| 0 | rganizatio | n need no | t file a return with the IRS, but if the | e organization chooses to file a return, be | | overed by a group ruling? | Yes X No |
| S | ure to file | a complete | return Some states require a complete | return. | , , | ption Number 🕨 | |
| | | | | - | M Check ▶ | X If the organizatio | n is not required |
| | | eipts Add l | nes 6b, 8b, 9b, and 10b to line 12 | 60,561. | to attach Sch | B (Form 990, 990-EZ, | or 990-PF) |
| Par | I Re | evenue, l | Expenses, and Changes in Net | Assets or Fund Balances (See the in | structions.) | | |
| | I . | | ons, gifts, grants, and similar amoun | , i | | | |
| | a I | Direct pub | lic support | <u> </u> 1a | 60,530. | _ | |
| | | | ıblıc support | | | 4 | |
| | | | ent contributions (grants) | | | _ | |
| | d · | Total (add lir | es 1a through 1c) (cash \$ | 60,530. noncash \$ |) | 1d | 60,530. |
| | 2 1 | Program s | service revenue including governme | nt fees and contracts (from Part VII, line 9 | 3) | | |
| | 1 | | | | | | |
| | 4 1 | Interest o | n savings and temporary cash investi | ments\$TMT.1 | | | 31. |
| | 5 1 | Dividends | and interest from securities | , . , . , | | 5 | |
| | 6 a | Gross rent | s | 6a | | <u> </u> | |
| | b | Less rent | alexpenses | 6b | | | |
| _ | CI | Net rental | income or (loss) (subtract line 6b fro | om line 6a) | | 6c | |
| Revenue | 7 | Other inve | estment income (describe | |) | 7 | |
| Ş. | 8 a (| Gross am | ount from sales of assets other | (A) Secunties (B) | Other | | |
| æ | 1 | than inver | itory | 8a | | _ | |
| | 1 - | | or other basis and sales expenses. | 8 b | | <u> </u> | |
| | C | Gain or (lo | ess) (attach schedule) | 8c | | | |
| | d I | Net gain o | r (loss) (combine line 8c, columns (A |) and (B)) | <u></u> | 8d | |
| | 9 : | Special ev | ents and activities (attach schedule) | If any amount is from gaming, check he | re 🕨 🔛 | | |
| | a | Gross rev | enue (not including \$ | of | | | |
| | | contributio | ons reported on line 1a) | <u>9</u> a | | | |
| | Ьι | Less: dire | ct expenses other than fundraising ex | openses 9b | | | |
| | CI | Net incom | e or (loss) from special events (subf | ract line 9b from line 9a) | | 9c | |
| | 10 a | Gross sale | es of inventory, less returns and allow | ances <u>10a</u> | | | |
| | b t | Less. cost | of goods sold | | | _ | |
| | | | | attach schedule) (subtract line 10b from li | ne 10a) | 10c | |
| | 11 (| Other reve | enue (from Part VII, line 103) | | | 11 | |
| | | | | 7, 8d, 9c, 10c, and 11) · · · · · · · · · · · · · · · · · · | | 12 | 60,561. |
| | 13 | Program s | ervices (from line 44, column (B)) | | CEIVED | 13 | 36,193. |
| ses | 14 | Managem | ent and general (from line 44, colum | n (C)) | | 14 | 22,575. |
| Expenses | 15 i | Fundraisıı | ng (from line 44, column (D)) | · · · · · · · · · · · · · · · · · · · | 1 . 0 2000 | 5 15 | 3,222. |
| EX | 16 | Payments | to affiliates (attach schedule) | stmt 2 ල් MAY | 1 g 2006 | 5 15 2 16 | 1,876. |
| | | | | n (A)) | <u> </u> | 17 | 63,866. |
| sts | | | | 7 from line 12) | yen lit. | 18 | -3,305. |
| SSe | | | | ear (from line 73, column (A)) | | 19 | 115,940. |
| Net Assets | | | | (attach explanation) | | 20 | |
| ž | | | | ombine lines 18, 19, and 20) | | | 112,635. |
| For P | | | aperwork Reduction Act Notice, see | • | | | om 990 (2005) |

| 4 | | | | | | |
|----|----------|---|---|---|---|---|
| -5 | - | 2 | 1 | Я | U | g |

| Pa | | | | | and (D) are required for sists but optional for others | |
|-------|--|----------|-----------|------------------------------|--|--|
| ~~~~ | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | ** | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) (cash \$noncash \$ If this amount includes foreign grants, check here | 22 | | | Specific English Control Light State Light | * |
| 23 | Specific assistance to individuals (attac schedule) | h 23 | | | | ** |
| | Benefits paid to or for members (attach schedule) | 24 | | | The same state of the same of | and district the control of the state of the |
| 25 | ,, | | | | | |
| 26 | 9 | 26 | 28,931. | 17,358. | 10,126. | 1,447 |
| 27 | | 27 | | | | · · · · · · · · · · · · · · · · · · · |
| 28 | 1 / | 28 | | | | |
| 29 | | 29 | 2,214. | 1,328. | 775. | 111 |
| | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | 5 500 | | 4 000 | |
| | Legal fees | 32 | 5,600. | | 4,900. | 700 |
| 33 | | 33 | 1,547. | 977. | i | |
| 34 | | 34 | 3,357. | 2,014. | · · · · · · · · · · · · · · · · · · · | 168 |
| 35 | 3 11 3 | 35 | 207. | 124. | | 10 |
| 36 | | 36 | 3,888. | 2,333. | | 194 |
| 37 | — - | 37 | 365. | 219. | 128. | 18 |
| 38 | J | 38 | 6,982. | 6,982. | | |
| 39 | | 39 | 4 004 | 0.50 | | |
| 40 | + - · · · · · · · · · · · · · · · · · · | 40 | 1,031. | 952. | | 79 |
| 41 | Interest | 41 | | | | |
| 42 | | į. | 3,906. | 3,906. | | |
| | Other expenses not covered above (itemize) | | 2 2 2 2 | | 0.465 | 405 |
| | a GENERAL & ADMINISTRATIVE | 43a | -, | | 3,467. | 495 |
| |) | 43b | | | | |
| C | | | | | | |
| d | | | | | | |
| e | | I | | | | |
| | : | | | | | |
| | Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | | 61,990. | 36,193. | 22,575. | 3,222 |
| Joi | int Costs. Check ▶ if you are follo | <u>·</u> | | | | -, |
| | any joint costs from a combined educations | _ | | icitation reported in (B) Pr | ogram services? | ► Yes X No |
| If "Y | Yes," enter (i) the aggregate amount of these | joint c | osts \$ | , (ii) the amount alloc | ated to Program services | |
| (iii) | the amount allocated to Management and go | eneral : | \$ | , and (iv) the amount a | allocated to Fundraising \$ | , |

| _ | | (0005) | |
|------|--------|--------|--|
| ⊢orm | ,990 (| (2005) | |

| \ | | |
|----------|--|--|
| 521809 | | |

Page 3

| Part III Statement of Program Service Accomplishments (See the instructions) | |
|---|-----------------------------|
| orm 990 is available for public inspection and, for some people, serves as the primary or sole source | |
| particular organization. How the public perceives an organization in such cases may be determined by the | |
| in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Pa | art III, the organization's |
| rograms and accomplishments | |
| | Dunamam Camina |

| All of (| nat is the organization's primary exempt purpose? ►TUTORING AT-RICK STUDENTS organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others) |
|-------------|---|--|
| | WE_DELIVERED_ON_AVERAGE_100_HOURS_OF_TUTORING_EACH_WEEK_TO APPROXIMATELY_60_STUDENTS_THIS_YEARAS_WELL_AS_TRAINED TUTORS_AND_PARENTS_TO_TUTOR_THEIR_OWN_CHILDREN. | |
| b | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | 36,193. |
| C | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | |
| d | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ | 36.193. |

Form **990** (2005)

| Р | <u>art IV</u> | Balance Sheets (See the Instructions.) | | | |
|-----------------------------|--|---|--------------------------|--|--------------------|
| - | Note: | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | (A) Beginning of year | | (B) End of year |
| | 45 | Cash - non-interest-bearing | 2,468. | 45 | 7,381 |
| | 46 | Savings and temporary cash investments | 18,372. | 46 | 13,964 |
| Assets | 47a b 48a b 49 50 51a b 52 53 | Accounts receivable Less: allowance for doubtful accounts Pledges receivable Less. allowance for doubtful accounts Asa Less. allowance for doubtful accounts Grants receivable Receivables from officers, directors, trustees, and key employees (attach schedule) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts Inventories for sale or use Prepaid expenses and deferred charges Investments - securities (attach schedule) Investments - land, buildings, and equipment basis | | 47c 48c 49 50 51c 52 53 54 | |
| | 56 57a b | Less accumulated depreciation (attach schedule) Investments - other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) State 128,400. 57a 128,400. 57b 34,938. Other assets (describe ▶ | 97,123. | 58 | 93,462 |
| | 59 | Total assets (must equal line 74) Add lines 45 through 58 | | | 114,807 |
| Liabilities | | Accounts payable and accrued expenses Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach schedule) Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe | | 60 61 62 63 64a 64b 65 | 2,172 |
| | | | | | |
| | 66 | Total liabilities. Add lines 60 through 65 | 2,023. | 66 | 2,172 |
| 3alances | 67 68 69 | nizations that follow SFAS 117, check here ► X and complete lines 67 through 69 and lines 73 and 74 Unrestricted Temporarily restricted Permanently restricted | 115,940. | 67 68 69 | 112,635 |
| Net Assets or Fund Balances | 70 71 72 73 | nizations that do not follow SFAS 117, check here and complete lines 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, | | 70 71 72 | |
| Ź | | column (A) must equal line 19; column (B) must equal line 21) | 115,940. | 73 | 112,635 |
| | 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 1 | 114,807 |

| Pa | art IV-A | Reconciliation of Revenue per Audited instructions.) | l Financial Sta | teme | nts With | Revenu | e per Retur | n (Se | ee the |
|---------|-----------|--|-------------------|---------|--|-----------|----------------------|-------|-----------------------|
| <u></u> | Total rev | renue, gains, and other support per audited fin | ancial statement | s | | | | а | |
| b | Amounts | s included on line a but not on Part I, line 12. | | | | | | | |
| 1 | | alized gains on investments | | | b | 1 | |]] | |
| 2 | Donated | services and use of facilities | | | b | 2 | |] | |
| 3 | | ies of prior year grants | | | | | | | |
| 4 | | oecify) | | | | | | | |
| | | | | | | 4 | | | |
| | Add lines | s b1 through b4 | | | | | | ь | |
| С | | line b from line a | | | | | | 1 1 | |
| d | Amounts | included on Part I, line 12, but not on line a: | | | | _ | | | |
| 1 | | ent expenses not included on Part I, line 6b | | | a | 1 | | | |
| 2 | | oecify): | | | | | | } } | |
| | | | | | | 2 | | | |
| | Add lines | s d1 and d2 | | | | | | d | |
| e | | | | | | | | | |
| Pa | rt IV-B | venue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audited | d Financial Sta | teme | nts With | Expens | ses per Reti | urn | |
| а | Total ext | penses and losses per audited financial statement | ents | | | | | a | |
| b | | s included on line a but not on Part I, line 17 | | | | | | | |
| 1 | | services and use of facilities | | | b. | 1 | | | |
| | Dring vor | ar adjustments reported on Part I, line 20 | | | | | | 7 | |
| 2 | 1 occor | eported on Part I, line 20 | | | b | 3 | | 1 | |
| 3 | Other (e. | pecify) | | | | | | 1 | |
| 4 | Other (s) | | | | | 4 | | | |
| | Add line | s b1 through b4 | | | | • | | ь | |
| С | | line b from line a | | | | | | 1 - 1 | |
| d | | included on Part I, line 17, but not on line a: | | | | | | | |
| 1 | Investme | ent expenses not included on Part I, line 6b | | | d. | 1 | | | |
| 2 | Other (e | pecify) | | | | | | | |
| ~ | | | | | d: | 2 | | | |
| | Add lines | | | | | | | d | |
| e Da | | turrent Officers, Directors, Trustees, and | | | | | | | r director tructoo |
| Γ 6 | | r key employee at any time during the year ev | | | | | | | i, director, trustee, |
| | | r key employee at any time during the year ev | (B) | ioi con | | pensation | (D) Contributions to | | (E) Expense account |
| | | (A) Name and address | Title and average | | (If not p | | benefit plans & c | | and other allowances |
| | N MICT | | week devoted to | | |)) | compensation | pians | |
| | | CR | CHAIRMAN | OF | BOARD | | | | |
| | | SCA ST | TIDEA CUDE | D 0E | DOADD | | | | |
| | | JRNOYER | TREASURE | K OF | BOARD | | | | |
| | | VELAND ST | DDDGTDDN | m | | | | | |
| | | GERTY | PRESIDEN | T | | | | | |
| | | BOR DR. | EXEC DIR | | | | | | |
| | | DURNOYER | EXEC DIK | ECTO | K | | | | |
| 14 | /6 CLEV | VELAND ST ' | | | | • • | | | |
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| | 990 (2005) | | 59 52180 | 19 | | T | Page | |
|------|---|---|--------------------------------------|---|---|-------------------|-----------------|--|
| Par | rt V-A Current Officers, Directors, Trustees, and Ke | ey Employees (cor | ntinued) | | T | Yes | No | |
| 75a | Enter the total number of officers, directors, and trustee meetings | | | business at board | | | | |
| b | b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated | | | | | | | |
| | employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business | | | | | | | |
| | relationships? If "Yes," attach a statement that identifies | the individuals and e | explains the relation | enship(s) | 75b | | х | |
| С | Do any officers, directors, trustees, or key employees li | sted in From 990, | Part V-A, or high | hest compensated | ,: | | **** au | |
| | employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, receive | compensated prot compensation from | iessional and c i anv other orga | other independent nizations, whether | 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | r d | |
| | tax exempt or taxable, that are related to this organizat Note . Related organizations include section 509(a)(3) sur | ion through commo | n supervision or | common control? | 75c | ~~~ | X | |
| | If "Yes," attach a statement that identifies the individuals, | | | is organization and | militar . | Sápen | · y | |
| | the other organization(s), and describes the compensation individual by each related organization. | n arrangements, inc | luding amounts p | aid to each | \$. | | · × | |
| | Does the organization have a written conflict of interest port V-B Former Officers, Directors, Trustees, and K | | | | | | X | |
| r ai | (If any former officer, director, trustee, or key empthe year, list that person below and enter the amoinstructions.) | oloyee received compunt of compensation | pensation or oth or other benefit | er benefits (describe s in the appropriate | ed bel colum | low) c | during ee th | |
| | (A) Name and address | (B) Loans and Advances | (C) Compensation | benefit plans & deferred compensation plans | | unt and lowanc | | |
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| | | _ | | | | | | |
| Par | t VI Other Information (See the instructions.) | | | L | l | Yes | No | |
| 76 | Did the organization engage in any activity not previous | usly reported to the | IRS? If "Yes" | attach a detailed | addition | (نوازون | 36.m | |
| | description of each activity | | | | 76 | | X | |
| 77 | Were any changes made in the organizing or governing of "Yes," attach a conformed copy of the changes | locuments but not rep | oorted to the IRS | , | 77 | | X | |
| 78a | Did the organization have unrelated business gross inc | ome of \$1 000 or | more during the | e vear covered by | | - W. | 112 | |
| | this return? | | | | 78a | ļ | Х | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | 78b | N/ | A | |
| 79 | Was there a liquidation, dissolution, termination, or sub- a statement | | | | 79 | 1 | Х | |
| 80a | Is the organization related (other than by association v | | | | 1 | ^ | # # | |
| JVa | common membership, governing bodies, trustees, c | officers, etc, to ar | ny other exem | pt or nonexempt | 80a | I . | X | |
| b | organization? | | | · · · · · · · · · · · · · · · · · · · | oua | | -dijk × | |
| | | and check wheth | er it is exemp | pt or nonexempt | , . | 14 Wales | - SARK | |
| | Enter direct and indirect political expenditures (See line 8 Did the organization file Form 1120-POL for this year? | | | | 81b | ***···· | X | |

| | 521809 | | | Page / |
|---|---|--------------|----------|--------------|
| Part VI. Other Information (continu | <u></u> | 1 | res | No |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | | li | | |
| or at substantially less than fair rental value? | • | 82a | <u> </u> | |
| b If "Yes," you may indicate the value of these items here. Do not include this amount | 11 | | | 1 |
| as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | | | |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applicat | | 83a | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | 83b | X | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | | 84a | Х | - |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions | | | | ĺ |
| or gifts were not tax deductible? | | 84b | X | <u></u> |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | 85a | _N/ | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 85b | N/ | Α |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiz | zation | | | |
| received a waiver for proxy tax owed for the prior year. | 950 37/3 | | | ĺ |
| c Dues, assessments, and similar amounts from members | 85c N/A | | | 1 |
| d Section 162(e) lobbying and political expenditures | 1 1 | | | l |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | I I |]] | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | 05- | NI / | L |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line | | 85g | N/ | <u>-</u> |
| estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax yea | | 85h | N/ | _ |
| 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a N/A | 0011 | _11/ | <u>-</u> |
| b Gross receipts, included on line 12, for public use of club facilities | 86b N/A | 1 | | İ |
| 87 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a N/A | 1 | | ĺ |
| b Gross income from other sources (Do not net amounts due or paid to other | 11/11 | 1 | . | ĺ |
| sources against amounts due or received from them.) | 87b N/A | | | ĺ |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation | \ | 1 1 | | ĺ |
| partnership, or an entity disregarded as separate from the organization under Regulations sections | | | | ļ |
| 301 7701-2 and 301 7701-3? If "Yes," complete Part IX | | 88 | | х |
| 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under. | | | | |
| section 4911 ► N/A , section 4912 ► N/A ; section 4955 | ►N/A | | | |
| b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction | | | İ | ĺ |
| during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attack | ı | | | 1 |
| a statement explaining each transaction | | 89ь | | Х |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year und | er | | | |
| sections 4912, 4955, and 4958 | | | N/A | |
| d Enter. Amount of tax on line 89c, above, reimbursed by the organization | ▶ _ | | N/A | |
| 90 a List the states with which a copy of this return is filed ▶ | | | | |
| b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | | 90b | | |
| 91 a The books are in care of ► HOLLY HAGGERTY | | | 64 | |
| Located at 1611 N. FT. HARRISON AVE., CLEARWATER, FL, | ^{ZIP+4} ▶ <u>33755-24</u> | 25 | | |
| | | ſ | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other aut | • | \leftarrow | Yes | |
| a financial account in a foreign country (such as a bank account, securities account, or other financial ac- | | 91b | | <u>X</u> |
| If "Yes," enter the name of the foreign country ▶ | | | | 1 |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba and Financial Accounts | nk | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the United States | s ⁷ | 91c | | X |
| If "Yes," enter the name of the foreign country ▶ | | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here | | | | > |
| and enter the amount of tax-exempt interest received or accrued during the tax year | ▶ 92 | | N/A | |

| Part | VIII A | Analysis of income-Pr | | ties (See trie i | | | | 1-1 |
|---------------------|-------------|---|---------------------------------------|--------------------------------------|--|--|--|--|
| Note: E indicate | | ss amounts unless otherwise | (A) | elated business in | (C) | ded by section 51 | (D) | (E) Related or exempt function |
| 93 P | rogram | service revenue: | Business code | Amoun | t Exclusion | code Ai | mount | income |
| a _ | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| b _ | | | | | | | | |
| c _ | | | | | | | | |
| d _ | | | | | | | | |
| е _ f м | ledicare/l | Medicaid payments | | | | | | |
| g Fe | ees and | contracts from government agencies . | | | | | | |
| 94 M | 1embers | hip dues and assessments | | | | | | |
| 95 In | terest on s | savings and temporary cash investments • | | | | | | 31 |
| 96 D | vidend | s and interest from securities | <u> </u> | | | | | |
| | | I income or (loss) from real estate | | | | | | |
| | | nced property | | | | | | |
| b no | ot debt- | financed property | | | | | | |
| | | ncome or (loss) from personal property | | | | | | |
| | | estment income | | | | | | |
| | • | s) from sales of assets other than inventory | | | | | | |
| | | ne or (loss) from special events. fit or (loss) from sales of inventory | | | | | | |
| | • | enue: a | | | | | | |
| | | cride. a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| е — | | | | | | | | |
| 104 S | ubtotal (| add columns (B), (D), and (E)) | | | | | | 31 |
| 105 T | otal (ad | d line 104, columns (B), (D), and (E |)) | | | | · > | 31 |
| | | plus line 1d, Part I, should equal th | | | | | ******* | |
| Part \ | VIII F | Relationship of Activities t | o the Acc | <u>omplishment</u> | of Exempt Pu | rposes (See | the instructio | ns.) |
| Line N ▼ | | φlain how each activity for which the organization's exempt purpos | | , | ` ' | • | tantly to the acco | mplishment |
| 101 | | E HELD FUNDRAISING E | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | ITERATURE, SIGNED U | | | | | | |
| | | UCCESSES AND RESULTS | | | | | | |
| | | | | | | | | |
| Part I | X In | formation Regarding Taxa | ble Subsi | diaries and D | isregarded En | tities (See th | e instructions | s.) |
| | | (A) i.e, address, and EIN of corporation, artnership, or disregarded entity | | (B) Percentage of ownership interest | (C) Nature of acti | vities To | (D) otal income | (E) End-of-year assets |
| | P | arthership, or disregarded entity | | % | | | | doscio |
| | | | | % | | | | |
| | | | | % | | | | |
| | | | | % | | | | |
| Part > | X In | formation Regarding Trar | sfers Ass | sociated with | Personal Ben | efit Contracts | s (See the ins | tructions.) |
| (a) D | id the org | ganization, during the year, receive ar | y funds, direct | tly or indirectly, to pa | y premiums on a per | sonal benefit contra | act? | Yes X No |
| (b) D | ld the | organization, during the year, | pay prem | iums, directly of | or indirectly, on | a personal be | enefit contract | ? Yes X No |
| Note | : If "Yes | s" to (b), file Form 8870 and Fo | | | | | | |
| | | Under penalties of perjury, I decla and belief, it is/true, correct, and o | re that I have | examined this return | n, including accompa r (other than officer) i | nying schedules ar s based on all infor | nd statements, and mation of which pre | to the best of my knowledge parer has any knowledge |
| Plea | se | CA/11 A | | | (| | <i>a</i> | 15 7001 |
| Sign | | I yolly & | agge | | | | 11/ay 1 | <u>5,0006</u> |
| Here | | Signature of officer | 00 | \mathcal{O} | | | Date / | , |
| | - | Holly Hagg | erry | | | | | |
| | | Type or print name and trile | | | Date | Observe | ıf D | arer's SSN or PTIN (See Gen Inst.) |
| Paid | | Preparer's signature | | | Date | Check self- | | auer 5 33 N UT PHIN (366 Gen Inst.) |
| Prepa | rer'e | | | | | employ | /ed ► EIN ► | |
| Use O | | Firm's name (or yours if self-employed), | | | | | | |
| | · J | address, and ZIP + 4 | | | | | Phone no | |
| | | i | | | | | ı | |

SCHEDULE A (Form 990 or 990-EZ)

hization Exempt Under Section (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization THE COMMUNITY LEARNING CENTER INC

Employer identification number

DBA WORLD LITERACY CRUSADE OF PINELLAS CO. 59-3521809 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 . . ▶ NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ▶ NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation NONE

NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2005

| Sche | dule A | A (Form 990 or 990-EZ) 2005 59 521809 | | F | age 2 |
|-----------|---------------|---|---------|--------|-------|
| Рa | rt III | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
| 1 | Duri | ing the year, has the organization attempted to influence national, state, or local legislation, including any | l | | ĺ |
| | atte | mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid | | | l |
| | or in | ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, | | | l |
| | Part | VI-A, or line i of Part VI-B.) | 1_1_ | | Х |
| | | anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other | | | 1 |
| | orga | anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of | | | 1 |
| | the I | lobbying activities | | | 1 |
| 2 | Duri | ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any | | | ĺ |
| | subs | stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or | | | ĺ |
| | with | any taxable organization with which any such person is affiliated as an officer, director, trustee, majority | | | 1 |
| | own | er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the | | | l |
| | trans | sactions) | | | |
| а | Sale | e, exchange, or leasing of property? | 2a | | х |
| b | Lend | ding of money or other extension of credit? | 2b | | Х |
| С | | nishing of goods, services, or facilities? | 2 c | | Х |
| ď | | ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | х |
| е | - | nsfer of any part of its income or assets? | 2e | | Х |
| 3 a | | you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how | | | 1 |
| | you | determine that recipients qualify to receive payments.) | 3 a | | Х |
| b | | you have a section 403(b) annuity plan for your employees? | 3 b | | Х |
| С | | ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3 c | | |
| 4a | | you maintain any separate account for participating donors where donors have the right to provide advice on | | | |
| | the | use or distribution of funds? | 4a | | |
| b | Do y | ou provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | |
| Рa | rt IV | Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) | | | |
| | | | | | |
| | organ | ization is not a private foundation because it is (Please check only ONE applicable box.) | | | |
| 5 | \vdash | A church, convention of churches, or association of churches Section 170(b)(1)(A)(i). | | | |
| 6 | | A school. Section 170(b)(1)(A)(II) (Also complete Part V) | | | |
| 7 | | A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) | | | |
| 8 | H | A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) | -14 | | |
| 9 | لـــا | A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name | , city, | | |
| | $\overline{}$ | and state > | | | |
| 10 | Ш | An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) | (1)(A)(| IV) | |
| 44- | | (Also complete the Support Schedule in Part IV-A.) | Pootion | | |
| 11a | نـــا | An organization that normally receives a substantial part of its support from a governmental unit or from the general public \$ | section | • | |
| 4 4 L | \Box | 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) | | | |
| 11b 12 | H | A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and groups of the support from contributions f the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of the support from contribution of t | ee | | |
| 12 | لـــا | receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% | | | |
| | | its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acq | | | |
| | | by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) | an ou | | |
| 13 | | An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization | ns | | |
| | ш | described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check | | | |
| | | the box that describes the type of supporting organization: Type 1 Type 2 Type 2 | | | |
| | | Provide the following information about the supported organizations (See page 6 of the instructions) | | | |
| | | (b) Line | numb | er | |
| | | (a) Name(c) of curported organization(c) | above | | |
| | | | | | |
| | | | | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| 14 | | An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.) | | | |
| | | | | | |

| | rt IV _z A Support Schedule (Completionly i e: You may use the worksheet in the instruction | - | | | | | • |
|--------|---|--|---|---|--|--------------------------------------|---|
| | endar year (or fiscal year beginning in) | | T | | 1 | - | APPLICABLE (a) Total |
| | Gifts, grants, and contributions received. (Do | (a) 2004 | (b) 2003 | (c) 2002 | (d) 200 | 1 | (e) Total |
| 13 | not include unusual grants See line 28.) | | | | | | |
| 16 | Membership fees received | | | | | | |
| | Gross receipts from admissions, merchandise | | | | | | |
| '' | • | | | | | | |
| | sold or services performed, or furnishing of | | | | | | ĺ |
| | facilities in any activity that is related to the | | | | | | |
| 10 | organization's charitable, etc., purpose | | | | | | |
| 10 | amounts received from payments on securities | | | | | | |
| | loans (section 512(a)(5)), rents, royalties, and | | | | | | |
| | unrelated business taxable income (less | | | | } | | |
| | section 511 taxes) from businesses acquired | | | | | | |
| | by the organization after June 30, 1975 | | | | | | |
| 19 | Net income from unrelated business | | | | | | |
| | activities not included in line 18 | | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to it or expended on | | | | | | |
| | its behalf | | | | | | |
| 21 | The value of services or facilities furnished to | | | | | | |
| - | the organization by a governmental unit | | | | | | |
| | without charge. Do not include the value of | | | | | | |
| | services or facilities generally furnished to the | | | | 1 | | |
| | public without charge | | | | | | |
| 22 | Other income. Attach a schedule Do not | | | | | | |
| | include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 | | | | | | |
| 24 | Line 23 minus line 17 | | | | | | |
| | Enter 1% of line 23 | | | | | | |
| | | Enter 2% of amount | ın column (e), line 2 | 4 NOT APPLICA | BLE ▶ | 26a | |
| b | Prepare a list for your records to show the | name of and amo | unt contributed by | each person (oth | er than a | | |
| | governmental unit or publicly supported organ | ızatıon) whose tota | Il gifts for 2001 | through 2004 exce | eeded the | | |
| | amount shown in line 26a. Do not file this li | st with your retur | n. Enter the total | of all these excess | s amounts 🕨 | 26b | |
| C | Total support for section 509(a)(1) test Enter line 24 | I, column (e) | | | | 26c | |
| d | Add Amounts from column (e) for lines 18 | 19 | | | | | |
| | 22 | 26 | 3b | | ▶ | 26d | |
| | | | | | | | |
| f | Public support percentage (line 26e (numerator) o | livided by line 26c (d | enominator)) | 40 | <u> ▶</u> | 26f | <u>%</u> |
| 21 | Organizations described on line 12: a For person," prepare a list for your records to ship Do not file this list with your return. Enter the sum NOT APPLICABLE | ow the name of, a of such amounts for | and total amounts each year | received in each | year from, ea | ach "d | disqualified person |
| L | (2004) (2003) | | | | | | |
| D | For any amount included in line 17 that was r show the name of, and amount received for each (Include in the list organizations described in line the difference between the amount received an amounts) for each year (2004) (2003) | h year, that was mo es 5 through 11, a d the larger amou | ore than the larger s well as individual nt described in (1 | of (1) the amount s) Do not file this) or (2), enter the | on line 25 fo list with you sum of these | r the r retu le e diffe | year or (2) \$5,000 rn. After computing erences (the excess |
| | (2007) (2003) | | (2002) | | (2001 | / | |
| _ | Add. Amounts from column (a) for lines, 15 | 1.6 | 2 | | | | |
| С | Add Amounts from column (e) for lines 15 20 | | | | _ | | 1 |
| | | | | | | | |
| | Add Line 27a total | | | | | | |
| | Public support (line 27c total minus line 27d total). Total support for section 509(a)(2) test Enter amou | | | 4 1 | | 2/e | |
| f ~ | Public support for section 509(a)(2) test Enter amou | | | | | 27 | |
| - | Investment income percentage (line 18, column (| • | '• • | | | | |
| | Unusual Grants: For an organization describe | | | | | | |
| - | prepare a list for your records to show, for | each year, the na | ime of the contrib | outor, the date an | d amount of | | |
| | description of the nature of the grant Do not file thi | s list with your retur | n. Do not include th | nese grants in line 15 | 0.1.1. | | 000 000 E7\ 2005 |

| Pa | Private School Questionnaire (See page 7 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV) | ABLI | Ξ | |
|-------------|--|------|-----|----|
| | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | Yes | No |
| | other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | | | |
| | programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during | | | , |
| | the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | | | |
| | that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| | | | | |
| | | | | |
| 32 | Does the organization maintain the following. | | | |
| - | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | | |
| | basis? | 32b | | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | | | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| 33 | Does the organization discriminate by race in any way with respect to. | | | |
| | 2000 tilo organization disorminate by rado in any may marrisopourte. | | | |
| а | Students' rights or privileges? | 33a | | |
| | | | | |
| b | Admissions policies? | 33b | | |
| | | | | |
| С | Employment of faculty or administrative staff? | 33c | | |
| | Scholarships or other financial assistance? | 00-1 | | |
| u | Scholarships of other infancial assistance | 33d | | |
| е | Educational policies? | 33e | | |
| Ī | | 000 | | |
| f | Use of facilities? | 33f | | |
| | | | | |
| g | Athletic programs? | 33g | | |
| _ | | | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| | | | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement | | | |
| 2 5 | Does the executive continue that it has considered with the continue to the continue of the co | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |
| | of the first of the section of the s | ~ ~ | | |

| | | | | | | \ | |
|--------------|-------|-------|----------|--------|---|----------|---|
| Schedule A (| (Form | 990 o | r 990-EZ | 2005 ' | | , | |
| | | | | | _ | | Ξ |

| Part VI-A | Lobbying Expenditures by Electing Public Charities | (See page 9 of the instructions.) |
|-----------|--|-----------------------------------|
|-----------|--|-----------------------------------|

| Part VI-A | | pleted ONLY by an el | _ | | | | | LE |
|--------------------------|--------------------------|---|------------------------|---------------------------------------|---------|--|-----------|---------------------------------------|
| Check ▶ a | | zation belongs to an affilial | | | | | | trol" provisions apply |
| | | imits on Lobbying I | - | (a) Affiliated tota | group | (b) To be completed for ALL electing organizations | | |
| 36 Total lo | | tures to influence public | | - | 36 | | | |
| | | tures to influence a legi | | | 37 | | | |
| | | tures (add lines 36 and | | | 38 | | | |
| | | expenditures | | | 39 | | | |
| | | expenditures (add lines | | | 40 | | | |
| | | mount Enter the amou | | table - | | | | |
| • | mount on line 4 | | bying nontaxable an | | | | | |
| | | 20% of the | | _ | | | | |
| | | \$1,000,000 \$100,000 | | | | | } | |
| | | er \$1,500,000 \$175,000 | | · · · · · · · · · · · · · · · · · · · | 41 | | | |
| | | er \$17,000,000 \$225,000 | | | | | | |
| Over \$17 | ,000,000 | \$1,000,00 | 00 | ノ | | | | |
| | | amount (enter 25% of I | | | 42 | | İ | |
| | | ne 36 Enter -0- if line 4 | | | 43 | | | |
| 44 Subtrac | ct line 41 from li | ne 38 Enter -0- if line 4 | 11 is more than line 3 | 38 | 44 | | <u></u> | |
| 0 | 15.41 | | 0 1 44 | 4.51a Farma 4700 | 1 | | | |
| Cautior | <u>ı: ir tnere is an</u> | amount on either line 4 | | | | | | · · · · · · · · · · · · · · · · · · · |
| (8 | omo organizati | 4-Year <i>F</i> ons that made a sectio i | Averaging Period | | | | o columns | holow |
| (3 | one organizati | | s for lines 45 through | | - | | | pelow |
| | | | Lobbying Expendit | | | | | |
| Calendar | year (or fiscal | (a) | (b) | (c) | | (d | 1) | (e) |
| | inning in) ▶ | 2005 | 2004 | 2003 | | 200 | | Total |
| Lobbying | g nontaxable | | | | | | | |
| 45 amount | | | | | | | | |
| Lobbying | g ceiling amount | | İ | | 1 | | | |
| 46 (150% o | f line 45(e)) | | | | | | | |
| 47 Total lobb | ying expenditures | | | , | | | | |
| | ots nontaxable | | | | | | | |
| 48 amount | | | | | | | | |
| Grassroot | ts ceiling amount | | | | | | | |
| - | line 48(e)) | | | | _ | | | |
| | ots lobbying | | | | | | | |
| | ures | ctivity by Nonelectin | a Dublic Charities | | | NOT 3 | DDI TOND | |
| Part VI-B | | ing only by organization | = | nnlete Part VI | -A) (Se | | PPLICAB | |
| During the ve | | zation attempt to influence | | | | e page 1 | | structions. |
| | | nion on a legislative matte | | | ing any | | Yes No | Amount |
| - | • | = | | | | - | | |
| b Paid sta | aff or managem | ent (Include compensa | tion in expenses repo | orted on lines c t | hrough | h) | | |
| | _ | | | | | | | |
| d Mailings | s to members. | egislators, or the public | | | | | | |
| e Publica | tions, or publish | ned or broadcast statem | ents | | | | | |
| | | zations for lobbying purp | | | | | | |
| | | | | | | | | |
| | contact with legi | siators, their stairs, gov | remment officials, of | a legislative bol | uy . | | | |
| g Direct of | | slators, their staffs, gov s, seminars, convention | | | | | | |
| g Direct of the Rallies, | demonstration | | ns, speeches, lectures | , or any other m | eans . | | | |

Information Regard Transfers To and Transactions and Relati hips With Noncharitable Part VII **Exempt Organizations** (See page 12 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of. Yes No 51a(i) X a(ii) Х **b** Other transactions: (ii) Purchases of assets from a noncharitable exempt organization b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) b(iv) Х Х b(v) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and shanng arrangements N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ► Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship N/A

| FORM | 990, | PART | I | _ | INTEREST | ON | SAVINGS | AND | TEMPORARY | CASH | INVESTMENTS |
|--|------|------|---|---|----------|----|---------|-----|-----------|------|-------------|
| \$ | | | | | | | | | | | |

DESCRIPTION AMOUNT -----INTEREST INCOME 31. TOTAL 31.

| FORM 9 | 990, | PART | I | - | PAYMENTS | ТО | AFFILIATES |
|--------|------|------|-----|----|----------|------|-------------------|
| ====== | | | === | == | | ==== | |

DESCRIPTION AMOUNT

PAYMENTS TO AFFILIATES 1,876.

1,876. TOTAL ==========

FORM 990, PART IV - OTHER LIABILITIES

| | ENDING | |
|---------------|-----------|------|
| DESCRIPTION | BOOK VALU | E |
| | | - |
| PAYROLL TAXES | 2, | 172. |
| TOI | TALS 2, | 172. |