

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2000 calendar year, OR tax year period beginning 7/01/00, 2000, and ending 6/30/2001

**B** Check if  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

**C** Name of organization  
Intercommunity Education Association

**D** Employer identification number  
43-1873629

Number and street (or P O box if mail is not delivered to street address) Room/suite  
3112 Meramec

**E** Telephone number  
(314) 351-7674

City or town State or Country ZIP code  
St Louis MO 63118

**F** Check  if application is pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no)  527 or  4947(a)(1)  
 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter number of affiliates  
**H(c)** Are all affiliates included?  Yes  No (If "No" attach a list. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption number (GEN)  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	725,143	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	725,143	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,921	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	9,846	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe _____)	7			
u	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
d	dramaticall	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0		
10	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	12	744,910		
Ex- pen- ses	13	Program services (from line 44, column (B))	13	232,515	
	14	Management and general (from line 44, column (C))	14	88,447	
	15	Fundraising (from line 44, column (D))	15	4,322	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	325,284	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	419,626	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	378,846	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	798,472	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

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 \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 0			
26 Other salaries and wages	26 213,213	147,058	66,155	
27 Pension plan contributions	27 0			
28 Other employee benefits	28 9,866	2,452	7,414	
29 Payroll taxes	29 0			
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 2,702		2,702	
33 Supplies	33 40,692	31,169	5,201	4,322
34 Telephone	34 2,057		2,057	
35 Postage and shipping	35 1,912		1,912	
36 Occupancy	36 17,048	17,048		
37 Equipment rental and maintenance	37 0			
38 Printing and publications	38 1,102		1,102	
39 Travel	39 925		925	
40 Conferences, conventions, and meetings	40 3,329	2,350	979	
41 Interest	41 0			
42 Depreciation, depletion, etc (attach schedule)	42 9,998	9,998		
43 Other expenses (itemize) a	43a 0			
b School bus service	43b 22,440	22,440		
c	43c 0			
d	43d 0			
e	43e 0			
f	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 325,284	232,515	88,447	4,322

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

(See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations 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.)
a The school's first classes began in the late summer of 2000 with about 15 girls in grades 5 & 6. This year there are about 35 girls in grade 5 & 7. The students' test scores, study skills, and classroom behavior have improved dramatically in the last year. (Grants and allocations \$ _____)	325,284
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	325,284

**Part IV Balance Sheets**

(See Specific Instructions on page 23)

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
<b>Assets</b>				
45	Cash - non-interest-bearing	20,470	45	63,562
46	Savings and temporary cash investments	140,490	46	157,707
47a	Accounts receivable			
b	Less allowance for doubtful accounts		47c	0
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
49	Grants receivable	175,238	49	507,789
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	712	53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	89,775		
b	Less accumulated depreciation (attach schedule)	9,998	57c	79,777
58	Other assets (describe _____)	0	58	0
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>387,105</b>	<b>59</b>	<b>808,835</b>
<b>Liabilities</b>				
60	Accounts payable and accrued expenses	8,259	60	10,363
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe _____)	0	65	0
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>8,259</b>	<b>66</b>	<b>10,363</b>
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	377,846	67	290,683
68	Temporarily restricted	1,000	68	507,789
69	Permanently restricted <small>have improved dramatically</small>		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>378,846</b>	<b>73</b>	<b>798,472</b>
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	<b>387,105</b>	<b>74</b>	<b>808,835</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**  
(See Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements	a	750,625
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities	5,715	
(3)	Recoveries of prior year grants		
(4)	Other (specify)		
	Add amounts on lines (1) thru (4)	b	5,715
c	Line a minus line b	c	744,910
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	744,910

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expense and losses per audited financial statements	a	330,999
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities	5,715	
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		
	Add amounts on lines (1) thru (4)	b	5,715
c	Line a minus line b	c	325,284
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	325,284

**Part V List of Officers, Directors, Trustees, and Key Employees**

(List each one even if not compensated, see Specific Instructions on page 25.)

(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
Maureen Bannister, DC 12020 Jacobson Ct Bridgeton, MO 63044	Director 2	0	0	0
Lois Castellon, OSU 4900 Reber Place St Louis, Mo 63139	Director 2	0	0	0
Mary Louise Denny, SL 826 N Rockhill St Louis, MO 63119	Director 2	0	0	0
Joan Filia, CSJ 4707 Westminister Pl St Louis, MO 63108	Director 2	0	0	0
Nadine Flott, CPPS 204 N Main St O'Fallon, MO 63366	Director 2	0	0	0
Patricia Harris 710 Brownbert Ct Rock Hill, MO 63119	Director 2	0	0	0
Janet Kuciejczyk, CSJ 4410 Laclede St Louis, MO 63108	Director 2	0	0	0
Marian McAvoy, SL 467 S Clay Ave St Louis, MO 63122	Director 2	0	0	0
Madonna O'Hara, OSU 4900 Reber Pl St Louis, MO 63139	Director 2	0	0	0
Pattie Penrose 6100 Arendes St Louis, MO 63116	Director 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on pages 26 )		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	NA
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	NO
b	If "Yes," enter the name of the organization <u>NA</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	NO
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	YES
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III )	82b	5,715
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	NA
85	501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	NA
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	NA
c	Dues, assessments, and similar amounts from members	85c	NA
d	Section 162(e) lobbying and political expenditures	85d	NA
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	NA
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	NA
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	NA
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities	86b	NA
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	NA
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	NA
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	NO
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		NONE
d	Enter Amount of tax in 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst )	90b	3
91	The books are in care of <u>Susan Rothwell</u> Telephone no <u>(314) 351-7674</u> Located at <u>3112 Meramec St St Louis, MO</u> ZIP code <u>63118-4339</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	NA

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Tuition and fees					9,921
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investment			14	9,846	
96 Dividends and interest from securities					
97 Net rental income (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		9,846	9,921
105 TOTAL (add line 104, columns (B), (D), and (E))					19,767

Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	This is Tuition and Fees and Lunch charges These funds are all used to pay school operating costs

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Including accompanying schedules and statements and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

1/28/02 SUSAN M. ROTHWELL DIRECTOR



**Part III Statements About Activities**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status**

(See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is (please check only ONE applicable box)

- 5  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, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule below)
- 12  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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule**

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, 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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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 public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	
26 Organizations described in lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 0
d Add: Amounts from column (e) for lines 18 _____ 0 19 _____ 0 22 _____ 0 26b _____ 0					26d 0
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0 00%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
c Add: Amounts from column (e) for lines 15 _____ 0 16 _____ 0 17 _____ 0 20 _____ 0 21 _____ 0					27c 0
d Add: Line 27a total _____ 0 and line 27b total _____ 0					27d 0
e Public support (line 27c minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0 00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0 00%
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire**

(See page 5 of the instructions )

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) <u>Through a notice in the newspaper, the St. Louis Post Dispatch,</u> <u>and in all literature about the school</u>	X	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	X	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities?		X
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement )		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		X
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
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	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(See page 7 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here  a If the organization belongs to an affiliated group  
 Check here  b If you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is -			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

Caution If there is an amount on either line 43 or line 44, file Form 4720

**4 - Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 9 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations, seminars, conventions, speeches lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization  
Intercommunity Education Association

Employer identification number  
43-1873629

Organization type (check one)-Section  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below )

Enter here the total gifts received during the year for a religious, charitable, etc , purpose \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization  
Intercommunity Education Association

Employer identification number  
43-1873629

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ ..... 15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
2		\$ ..... 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
3		\$ ..... 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
4		\$ ..... 80,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
5		\$ ..... 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
6	.....	\$ ..... 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization  
Intercommunity Education Association

Employer identification number  
43-1873629

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		\$ ..... 155,700	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
8		\$ ..... 600,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
9	.....	\$ ..... 20,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
.....	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
.....	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
.....	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization  
 Intercommunity Education Association

Employer identification number  
 43-1873629

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....
_____	..... ..... .....	\$ .....	..... / ..... / .....

Name of organization Intercommunity Education Association	Employer identification number 43-1873629
--	--

**Part III Section 501(c)(7), (8), or (10) orgs. that received more than \$1,000 in charitable gifts during the year-**

\* Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$ \_\_\_\_\_

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
..... ..... .....	..... ..... .....

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
..... ..... .....	..... ..... .....

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
..... ..... .....	..... ..... .....

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
..... ..... .....	..... ..... .....

**Continuation of Part V**

<b>Name and address</b>	<b>Title/ hours per week</b>	<b>Compen- sation</b>	<b>Contribution to emp bene &amp; def comp</b>	<b>Expense acct and other</b>
Carol Reeb, SSND 323 Hoffmeister St Louis, MO 63125	Director 2	0	0	0
Barbara Roche SL 980 Glenmoor Ln St Louis, MO 63122	Director 2	0	0	0
Susan Rothweil 4312 Kensington Manor St Louis MO 6312	Program Dir 50	\$44,000 00	\$2,200 00	0
Marie C Sherman 7602 Weil Ave St Louis, MO 63119	Director 2	0	0	0
Aurelia K Weil 743 River Hills Dr Fenton, MO 63026	Director 2	0	0	0
Nancy Wittwer, SL 3456 Jamieson Ave St Louis, MO 63139	Director 2	0	0	0

**Current Depreciation Report**

Intercommunity Education Association

43-1873629

12/31/00

Item No	Description of Property	Date Placed in Service	Cost or Other Basis	Bus Use %	Less Sec 179 Deduction	Recovery Amount	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec	2000 Current Deprec	2000 Accum Deprec.
<u>Amortization for current tax year (Line 40)</u>												
Z	Furn & Equip 2000 additions	7/1/2000	12,840	100%		12,840	7	100%	0		1,834	1,834
Z	Leasehold Imps 2000 additions	7/1/2000	37,355	100%		37,355	7	100%	0		5,337	5,337
Z	Furn & equip 2001 additions	12/31/2000	16,145	100%		16,145	7	100%	0		1,153	1,153
Z	Leasehold Imps 2001 additions	12/31/2000	23,434	100%		23,434	7	100%	0		1,674	1,674
			<u>89,774</u>			<u>89,774</u>					<u>9,998</u>	<u>9,998</u>
Totals											<u>9,998</u>	<u>9,998</u>