

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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

A For the 2001 calendar year, or tax year beginning 5/01, 2001, and ending 4/30, 2002

B Check if applicable

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instruc-  
tionsAMERICAN CLASSICAL LEAGUE  
MIAMI UNIV, 422 WELLS MILL DR  
OXFORD, OH 45056

D Employer identification number

31-0555960

E Telephone number

513-529-7741

F Accounting method

☒ Cash ☐ Accrual  
Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

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 instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN ▶

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

G Web site ▶ N/A

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 614,083

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	4,520
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 4,520 noncash \$ )	1d	4,520
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	359,678
3	Membership dues and assessments	3	214,276
4	Interest on savings and temporary cash investments	4	20,833
5	Dividends and interest from securities	5	5,936
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (net of expenses)	7	
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	
8d		8d	
9	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	
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	
11	Other revenue (from Part VII, line 103)	11	8,840
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	614,083
13	Program services (from line 44, column (B))	13	518,575
14	Management and general (from line 44, column (C))	14	32,758
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule) See Statement 1	16	4,200
17	Total expenses (add lines 16 and 44, column (A))	17	555,533
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	58,550
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	981,036
20	Other changes in net assets or fund balances (attach explanation) See Statement 2	20	-25,341
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,014,245

16

**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

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 (att sch) See Stmt 3 (cash \$ 10,406 non-cash \$ )	22 10,406	10,406		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 13,500	13,500		
26 Other salaries and wages	26 105,373	83,091	22,282	
27 Pension plan contributions	27			
28 Other employee benefits	28 23,027	18,561	4,466	
29 Payroll taxes	29 28,421	22,411	6,010	
30 Professional fundraising fees	30			
31 Accounting fees	31 680	680		
32 Legal fees	32			
33 Supplies	33 5,060	5,060		
34 Telephone	34 557	557		
35 Postage and shipping	35 21,494	21,494		
36 Occupancy	36 2,612	2,612		
37 Equipment rental and maintenance	37 9,687	9,687		
38 Printing and publications	38 16,851	16,851		
39 Travel	39 12,748	12,748		
40 Conferences, conventions, and meetings	40 89,956	89,956		
41 Interest	41 47	47		
42 Depreciation, depletion, etc (attach schedule)	42 7,598	7,598		
43 Other expenses not covered above (itemize)				
a Committee costs	43a 2,486	2,486		
b Insurance	43b 3,766	3,766		
c Office Expense	43c -7,224	-7,224		
d Program service costs	43d 113,617	113,617		
e TMRC materials cost	43e 90,671	90,671		
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 551,333	518,575	32,758	0

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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**What is the organization's primary exempt purpose? See Statement 4  
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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts but  
optional for others)

a See Statement 5		
(Grants and allocations \$ 10,406 )		518,575
b		
(Grants and allocations \$ )		
c		
(Grants and allocations \$ )		
d		
(Grants and allocations \$ )		
e Other program services (Grants and allocations \$ )		
f Total of Program Service Expenses (should equal line 44, column (B), program services)		518,575

**Part IV Balance Sheets** (See 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
<b>ASSETS</b>	45 Cash — non-interest bearing		45	
	46 Savings and temporary cash investments	516,727	46	549,505
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	55,972	52	62,457
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	385,069	54	384,853
	55a Investments — land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a	44,891		
b Less accumulated depreciation (attach schedule)	57b	24,778	57c	20,113
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	981,036	59	1,016,928	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses		60	2,683
	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 ▶ _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	0	66	2,683	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	981,036	67	1,014,245
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	981,036	73	1,014,245
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	981,036	74	1,016,928

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited  
Financial Statements with Revenue  
per Return (See instructions )**

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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a		a		a	
Total revenue, gains, and other support per audited financial statements		N/A		Total expenses and losses per audited financial statements	
b		b		b	
Amounts included on line a but not on line 12, Form 990		Amounts included on line a but not on line 17, Form 990		Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)		(4) Other (specify)	
----- \$		----- \$		----- \$	
Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)	
c		c		c	
Line a minus line b		Line a minus line b		Line a minus line b	
d		d		d	
Amounts included on line 12, Form 990 but not on line a		Amounts included on line 17, Form 990 but not on line a		Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)		(2) Other (specify)	
----- \$		----- \$		----- \$	
Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)	
e		e		e	
Total revenue per line 12, Form 990 (line c plus line d)		Total expenses per line 17, Form 990 (line c plus line d)		Total expenses per line 17, Form 990 (line c plus line d)	

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated, see instructions )
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[illegible]

**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?

If 'Yes,' attach schedule – see instructions

► ☐ Yes

☒ No

**Part VI Other Information** (See specific instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> 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		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> 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?	X	
<b>b</b> If 'Yes,' enter the name of the organization <u>NATIONAL LATIN EXAM 54-1370067</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	81a	0
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b> 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	X
<b>b</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 in Part III.)	82b	7,000
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered 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.		
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> 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	X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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	89b	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed <u>OHIO</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
<b>91</b> The books are in care of <u>GERI DUTRA</u> Telephone number <u>513-529-7741</u> Located at <u>422 WELLS MILL DR, OXFORD, OH</u> ZIP + 4 <u>45056</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ACL/JCL PROGRAM SERVI					51,555
b INSTITUTE CONFERENCE					143,424
c TMRC-TEACHING MATERIA					164,699
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					214,276
95 Interest on savings & temporary cash invmnts			14	20,833	
96 Dividends & interest from securities			14	5,936	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
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 a					
b ADVERTISING					8,840
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				26,769	582,794
105 Total (add line 104, columns (B), (D), and (E))					609,563

**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 instructions)

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)
1	See Statement 8
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

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)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

9/3/02

**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information – (See separate instructions)**

**Supplementary Information — (see separate instructions)**

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

## 2001

Name of the Organization

AMERICAN CLASSICAL LEAGUE

Employer Identification Number

31-0555960

<b>Part I</b>	<b>Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees</b>
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(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0
Total number of other employees paid over \$50,000	0			

<b>Part II</b>	<b>Compensation of the Five Highest Paid Independent Contractors for Professional Services</b>
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(See 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		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions)

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 **► \$** N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

**a** Sale, exchange, or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

See Form 990, Part V

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)

- 4** Do you have a section 403(b) annuity plan for your employees?

**Note** 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

**Part IV** Reason for Non-Private Foundation Status (See 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)
- 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)
- 11 a** ☐ 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)
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,884	17,687	4,745	8,985	37,301
<b>16</b> Membership fees received	208,038	211,878	218,063	195,750	833,729
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	324,293	352,153	353,321	385,531	1,415,298
<b>18</b> 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	27,384	50,554	48,495	77,387	203,820
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	565,599	632,272	624,624	667,653	2,490,148
<b>24</b> Line 23 minus line 17	241,306	280,119	271,303	282,122	1,074,850
<b>25</b> Enter 1% of line 23	5,656	6,323	6,246	6,677	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24 N/A				<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b>
d Add: Amounts from column (e) for lines 18 19					<b>26d</b>
22 26b					<b>26e</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2000) 0 (1999) 0 (1998) 0 (1997) 0				
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000) 0 (1999) 0 (1998) 0 (1997) 0				
c Add: Amounts from column (e) for lines 15 17	37,301	1,415,298	16 833,729	21	<b>27c</b> 2,286,328
d Add: Line 27a total 0 and line 27b total 0					<b>27d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 2,286,328
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27f</b> 2,490,148
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 91 81 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 8 19 %

**28 Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
(To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	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?			
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?			
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 )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	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			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
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 )			
34a	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			
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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> 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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must 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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

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

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



## AMERICAN CLASSICAL LEAGUE

31-0555960

ATTACHMENT TO FORM 990  
SCHEDULE A, Line 28

## UNUSUAL GIFTS AND GRANTS

Date Received	Donor	Amount
11/5/99		\$30,000

American Classical League received an Endowment gift November 5, 1999, which was shown as an addition to the fund balance on Form 990 for the fiscal year ended 4/30/2000. The \$30,000 is not included in support on Schedule A due to its unusual nature and amount.

## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 1**  
**Form 990, Part I, Line 16**  
**Payments to Affiliates**

Name and Address	Purpose of Payment	Amount
NAT'L COM OF LATIN & GREEK 11371 MATINICUS CT CYPRESS, CA 90630	SUPPORT	\$ 4,200
Total		\$ 4,200

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

UNREALIZED CAPITAL LOSS	\$ -25,341
Total	\$ -25,341

**Statement 3**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS
Donee's Name	ROBERT F CARLTON
Donee's Address	GEORGETOWN UNIV, 37th & O St WASHINGTON, DC 20057
Relationship of Donee	NONE
Amount Given	\$ 1,000

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS
Donee's Name	SUSAN BELMONTE
Donee's Address	931 VIRGINIA CIRCLE ATLANTA, GA 30306
Relationship of Donee	NONE
Amount Given	\$ 500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS
Donee's Name	JOAN TUCKER
Donee's Address	1410 CONFEDERATE AVE COLUMBIA, SC 29201
Relationship of Donee	NONE
Amount Given	\$ 500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS
Donee's Name	EMILY HOLT
Donee's Address	1623 NORTH COLUMBUS ST LANCASTER, OH 43130
Relationship of Donee	NONE

## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 3 (continued)**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Amount Given \$ 500

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name EDMUND F DeHORATIUS  
Donee's Address 7 CIRCULAR AVE  
NATICK, MA 01760  
Relationship of Donee NONE  
Amount Given \$ 500

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name KATHLEEN BRADEN  
Donee's Address 18 FISK RD  
CONCORD, NH 03301  
Relationship of Donee NONE  
Amount Given \$ 300

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name JAMES CHOCHOLA  
Donee's Address 1014 S EUCLID  
OAK PARK, IL 60304  
Relationship of Donee NONE  
Amount Given \$ 375

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name LYNN L GIBERT  
Donee's Address 1590 FINDLAY WAY  
BOULDER, CO 80305  
Relationship of Donee NONE  
Amount Given \$ 375

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name HOLLY HORAN  
Donee's Address 9005 GUNNISON  
DALLAS, TX 75231  
Relationship of Donee NONE  
Amount Given \$ 375

Cash Grants and Allocations

Class of Activity SCHOLARSHIPS  
Donee's Name HOWARD HANDLER  
Donee's Address 61 NORTH ELM ST  
WALLINGFORD, CT 06492  
Relationship of Donee NONE  
Amount Given \$ 375

Cash Grants and Allocations

## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 3 (continued)**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Class of Activity	SCHOLARSHIPS		
Donee's Name	RICHARD BEATON		
Donee's Address	648 McLAURIN AVE		
	GRIFFIN, GA 30224		
Relationship of Donee	NONE		
Amount Given		\$	375

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS		
Donee's Name	BRIAN COMPTON		
Donee's Address	7660 SUSSEX COURT		
	WEST CHESTER, OH 45069		
Relationship of Donee	NONE		
Amount Given		\$	375

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS		
Donee's Name	SUE ROBERTSON		
Donee's Address	12211 DIAMOND HILL DR		
	MIDLOTHIAN, VA 23113		
Relationship of Donee	NONE		
Amount Given		\$	375

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS		
Donee's Name	GREG EDWARDS		
Donee's Address	101 COVENTRY COURT		
	SAN CARLO, CA 94070		
Relationship of Donee	NONE		
Amount Given		\$	500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS		
Donee's Name	RANDALL D SOUZA		
Donee's Address	136 LINDLEY TERRACE		
	WILLIAMSTOWN, MA 01227		
Relationship of Donee	NONE		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIP		
Donee's Name	ROBERT R SCHRUM, JR		
Donee's Address	501 CARDINAL DRIVE		
	CROWN POINT, IN 46307		
Relationship of Donee	NONE		
Amount Given		\$	500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIP		
Donee's Name	AMANDA GOODEN		
Donee's Address	736 MAGNOLIA DRIVE		



## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 3 (continued)**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Relationship of Donee	MT VERNON, IN 47620	
Amount Given	NONE	\$ 500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIP	
Donee's Name	PHILIP S HALL	
Donee's Address	773 TWIN FOX DRIVE	
	MILFORD, OH 45150	
Relationship of Donee	NONE	
Amount Given		\$ 500

Cash Grants and Allocations

Class of Activity	SCHOLARSHIP	
Donee's Name	CHRISTOPHER SEMPER	
Donee's Address	408A NORTH MENDENHALL	
	GREENSBORO, NC 27401	
Relationship of Donee	NONE	
Amount Given		\$ 981

Total Cash Grants and Allocations	\$ 10,406
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Total Grants and Allocations	\$ 10,406
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**Statement 4**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

To further the study of the classics in the U S

**Statement 5**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
American Classical League and Junior Classical League provide teaching materials, conventions and other resources for teachers and students of the classics across the nation. With 3742 teacher members, 51,837 student members, and 158 member libraries, they motivate students to study classic literature and languages, providing proficiency testing, an honor society and scholarships for further education.	10,406	518,575
	<u>\$ 10,406</u>	<u>\$ 518,575</u>

## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 6**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum Deprec	Book Value
Furniture and Fixtures	\$ 3,242	\$ 58	\$ 3,184
Machinery and Equipment	41,649	24,720	16,929
Total	<u>\$ 44,891</u>	<u>\$ 24,778</u>	<u>\$ 20,113</u>

**Statement 7**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
SHEILA DICKISON UNIV OF FLORIDA, 140 TIGERT GAINSVILLE, FL 32611	PRESIDENT None	\$ 0	\$ 0	\$ 1,500
SHERWIN LITTLE 3277 CORNELL ROAD CINCINNATI, OH 45241	V PRESIDENT None	0	0	1,500
LINDA MONTROSS 10203 KENBROOKE COURT VIENNA, VA 22181	SECRETARY None	0	0	1,500
KATHY ELIFRITS 12966 JASPER DRIVE ROLLA, MO 65401	TREASURER None	0	0	1,500
JOHN DUTRA MIAMI UNIVERSITY OXFORD, OH 45056	Director - TMRC None	0	0	1,500
PETER HOWARD TROY STATE UNIVERSITY TROY, AL 36082	Dir Tchr Plcmt None	0	0	1,500
RICK LAFLEUR UNIVERSITY OF GEORGIA ATHENS, GA 30602	Editor None	0	0	1,500
CARL STRANGE 7 MAPLE STREET FARMINGTON, CT 06032	Editor None	0	0	1,500
LIZ BOUIS 1456 ROSEWOOD CREEK DRIVE MARIETTA, GA 30066	Director-NJCL None	0	0	1,500
Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 13,500</u>

## AMERICAN CLASSICAL LEAGUE

31-0555960

## Statement 8

## Form 990, Part VIII

## Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	American Classical League provides members with conferences, instructional materials, pamphlets, posters and other teaching aids to promote teaching and learning the classics Junior Classical League provides incentives for students to study the classics using scholarships, proficiency exams, an honor society and educational resources for the advancement of the classics
93b	The Institute Program is the annual classics convention for all members of ACL and JCL to exchange ideas and teaching aids, award scholarships and confirm the new officers Charges to the attendees are set to cover the convention expenses
93c	TMRC-Teaching Materials Resource Center is a warehouse of books, pamphlets, study guides and course planning guides to help the teachers of Latin and Greek better develop their classes for fun and effectiveness in learning The materials are sold to members, students and libraries
94	Members are professors, teachers and students who rely on ACL and JCL to provide information and materials to make the classics interesting and worthwhile for young people Member fees provide for the printing and distribution of the JCL newsletter, Torch, and the ACL journal, Classical Outlook
103	By carrying related advertising in the ACL Journal "Classical Outlook" ACL provides members with sources and resources for books, textbooks, dictionaries and publications on Latin and Greek which ACL and JCL are unable to provide

# National Junior Classical League

## Latin Honor Society Scholarship Information

### I Eligibility

- A. must be a member in good standing of the National Junior Classical League for at least three years
- B. must be enrolled in the NJCL Latin Honor Society for the current academic year and at least one preceding year
- C. must be planning to enter college in the upcoming academic year and major in Latin, Greek or the Classics
- D. must be planning to teach Latin or the Classics
- E. submit an essay on "what honor and excellence mean to me"
- F. must submit letters of reference from the following people Latin teacher, School Administrator, Citizen in the Community (NOT a relative)
- G. must submit a transcript of high school academic record

### II Application Procedure

- A. Application forms may be obtained after April 1 by writing to NJCL Scholarships, National Junior Classical League, Miami University, Oxford, OH 45056.
- B. Completed applications and recommendation forms must be sent to Mr David Volk, 1122 Oak Street North, Fargo, ND 58102 postmarked no later than May 1
- C. Application forms incorrectly or incompletely filled out will be automatically disqualified.
- D. Any applicant who is awarded a scholarship must agree to submit a recent wallet size studio photograph to be used for the announcement in TORCH. U S and in local newspapers.

### III The NJCL Scholarship Committee

- A. is an annual special committee, functioning at the JCL National Convention.
- B. is composed of a Chair, who is the Chair of Scholastic Services/Programs and at least four (4) NJCL chapter sponsors from different states who are in attendance at the National Convention
- C. selects scholarship recipients on the basis of returned applications and recommendations, selection is made by a point system awarded for grades, service in JCL, etc.
- D. announces recipients at a General Assembly during the National JCL convention.

### IV Payment of scholarship awards

- A. Selection of recipients will be completed at the annual National Convention of the Junior Classical League by the special committee for scholarships
- B. Upon written notification of scholarship award, the recipient is to inform the administrator, National Junior Classical League, Miami University, Oxford, OH 45056, the name of the school recipient will attend.
- C. Upon receipt of this information, the administrator will forward a check for the scholarship amount to the school. The check will be made out to the school with instructions for posting the scholarship amount to the recipient's account
- D. The administrator will request that the recipient's academic record be reported by the school at the end of the first term

# NJCL LATIN HONOR SOCIETY SCHOLARSHIP APPLICATION

TYPE ALL INFORMATION, PLEASE!

## I PERSONAL INFORMATION

Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

Telephone (include area code) \_\_\_\_\_

High School \_\_\_\_\_

School Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

School Telephone (include area code) \_\_\_\_\_

Principal \_\_\_\_\_

## II LATIN COURSES/HUMANITIES COURSES

Latin teacher (s) \_\_\_\_\_

How many years of Latin are offered at your school? \_\_\_\_\_

How many years of Latin have you taken? \_\_\_\_\_

If there is a difference in these two numbers, explain

Final average for Latin courses only (Use A,B,C,D,F) Year 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

\* Star the course in which you are presently enrolled, use the mid-year mark for average of this course

List other classics-oriented courses offered at your school (include mini-courses, etc) Note which you have taken

## III ACADEMIC ACHIEVEMENT

1 Rank in class \_\_\_\_\_ 2. Size of class \_\_\_\_\_ 3 Cumulative grade point average \_\_\_\_\_

4 List years of enrollment in the NJCL Latin Honor Society \_\_\_\_\_

## IV AWARDS/HONORS

V SPECIAL INTERESTS/ACTIVITIES

VI COLLEGE PLANS

Name of college/university you will attend next Fall

\_\_\_\_\_

Have you been accepted yet? (if no, explain status on separate sheet) \_\_\_\_\_

What is your planned major? \_\_\_\_\_

CIRCLE courses offered    Latin                      Greek                      Classics

VII ESSAY

Submit an essay on "what honor and excellence mean to me"

VIII SUBMIT THE FOLLOWING

A Names and complete addresses of three references (please list those who will be submitting recommendation forms)

1 Latin Teacher

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. School Administrator (Principal, guidance director, or home room teacher)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 Citizen in the community (NOT a relative)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B An official transcript from your high school

Remember that incomplete applications will not be considered. Return the completed application, postmarked by May 1, to

David Volk  
1122 Oak Street North  
Fargo, ND 58102

# NJCL LATIN HONOR SOCIETY SCHOLARSHIP RECOMMENDATION

(to be typed in by applicant)

has submitted your name as a reference in making application for a NJCL Latin Honor Society scholarship which is given to a high school senior who is personally a member and whose club is a member of NJCL and who plans to continue the study of classics in college/university. Special consideration will be given to an applicant who plans to teach Latin or Greek. The Scholarship committee will appreciate your help in evaluating this candidate. Please complete the form carefully. All information will be confidential. Please rank the applicant on the following chart from 0-5 with 5 being outstanding.

ATTRIBUTES	0	1	2	3	4	5
Scholarship						
Character						
Initiative						
Leadership						
Potential for success						

- 1 How long have you known the applicant and in what capacity?
- 2 Please detail the applicant's desire for an education, and particularly how Latin, Greek or the Classics fit into his/her plans.
- 3 Is there an outstanding characteristic about the student of which we should be aware.
- 4 Does this student exemplify honor & excellence. How so?

Please feel free to write a letter on behalf of the student in which you may make further detailed comments about any/all of the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Please return, postmarked no later than May 1, to

David Volk  
NJCL Scholarship Committee  
1122 Oak Street North, Fargo, ND 58102

Recommendations which are postmarked after the deadline will result in disqualification of this student's application.





## *National Junior Classical League Scholarship Information*

- I The National Junior Classical League annually grants several \$500 or \$1000 scholarships to NJCL members. The committee, however, reserves the right not to name a recipient if candidates do not meet requirements. The scholarships include
- A The Belle Gould NJCL Scholarship, established in honor of Miss Belle Gould, the first editor of *TORCH U S*, who served for many years as the Chairman of the Committee on the National Junior Classical League. Miss Gould taught for years in Texas and died in 1974.
  - B The Jessie Chambers NJCL Scholarship, established in honor of Miss Jessie Chambers who served many years as Federations Chairman of the committee on the National Junior Classical League.
  - C The Margaret and Eugene Halligan NJCL Scholarship, funded by an endowment established by Mrs Halligan's husband in memory of his wife's devoted service to JCL in Illinois. The two Halligan Scholarships have been combined in order that a \$1000 scholarship may be awarded to the most outstanding applicant.
  - D The Rhea Miller NJCL Scholarship, established in 1979 to honor Mrs Miller's retirement after many years as Convention Advisor to the National Junior Classical League.
  - E The Red and Rhea Miller NJCL Scholarship, established in 1986 when during the 1986 NJCL convention in Indiana, Mr and Mrs Miller presented a generous check to the NJCL to begin a new scholarship because of their great love for the National Junior Classical League.
  - F The Maureen O'Donnell Scholarship, established in 1989 by the Virginia Junior Classical League and Pro Scientia in memory of Mrs Maureen O'Donnell, for her years of service in the classroom. Mrs O'Donnell, beloved Latin teacher and VJCL co-chair, was dedicated to the Classics and to teaching.
- II The NJCL Scholarship Committee
- A is an annual special committee, functioning at the JCL National Convention.
  - B is composed of a Chair, who is the Chair of Scholastic Services/Programs and four (4) NJCL chapter sponsors from different states who are in attendance at the National Convention.
  - C selects scholarship recipients on the basis of returned applications and recommendations; selection is made by a point system awarded for grades, service in JCL, etc.
  - D announces recipients at the National JCL Convention.
- III Application procedure
- A Any NJCL member in good standing who is to enter college in the upcoming academic year and plans to continue the study of classics may apply. Special consideration will be given to those who intend to teach Latin, Greek or the classical humanities.
  - B Application forms may be obtained after January 1 by writing to NJCL Scholarships, American Classical League, Miami University, Oxford, OH 45056.
  - C Completed applications and recommendation forms must be sent to Mr David Volk, 1122 Oak Street North, Fargo, ND 58102, postmarked no later than May 1.
  - D Any applicant who is awarded a scholarship must agree to submit a recent wallet size studio photograph to be used for the announcement in *TORCH U S* and in local newspapers.
  - E Application forms incorrectly or incompletely filled out will be automatically disqualified.
- IV Payment of scholarship awards
- A Selection of recipients will be completed at the annual National Convention of the Junior Classical League by the special committee for scholarships.
  - B Upon written notification of scholarship award, the recipient is to inform the administrator, National Junior Classical League, Miami University, Oxford, OH 45056, the name of the school recipient will attend.
  - C Upon receipt of this information, the administrator will forward a check for the scholarship amount to the school. The check will be made out to the school with instructions for posting the scholarship amount to the recipient's account.
  - D The administrator will request that the recipient's academic record be reported by the school at the end of the first term.

NATIONAL JUNIOR CLASSICAL LEAGUE SCHOLARSHIP APPLICATION FORM

I PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

Telephone (include area code) (\_\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_

School Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

School Telephone (include area code) (\_\_\_\_\_) \_\_\_\_\_

Principal \_\_\_\_\_

I will attend the NJCL Convention at the University of Kentucky, Lexington, Kentucky  
July 30 - August 4, 2002

☐ Yes

☐ No

II LATIN TEACHER(S) \_\_\_\_\_

How many years of Latin are offered at your school? \_\_\_\_\_

How many years have you studied Latin in school? \_\_\_\_\_

If there is a discrepancy, please explain

III ACADEMIC ACHIEVEMENT

\_\_\_\_\_ Rank in class, if available

\_\_\_\_\_ Size of class

\_\_\_\_\_ Cumulative GPA \_\_\_\_\_ weighted \_\_\_\_\_ unweighted

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#### IV CLASSICAL ACTIVITIES

##### A JUNIOR CLASSICAL LEAGUE

Number of years your school has been a member of the Junior Classical League

Local \_\_\_\_\_ State \_\_\_\_\_ National \_\_\_\_\_

Number of years you have been a member of the Junior Classical League \_\_\_\_\_

Number of conventions attended

Area/Regional \_\_\_\_\_ State \_\_\_\_\_ National \_\_\_\_\_

Junior Classical League offices held — include the school year, using this code  
(Freshman 1 Sophomore 2 Junior 3 Senior 4)

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

Participation in JCL Activities (include years involved, using the code from above)

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

##### B OTHER

Participation in any other classics-oriented meetings.

#### V AWARDS

##### A AWARDS/SPECIAL RECOGNITION BASED ON PARTICIPATION IN JCL:

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

B OTHER AWARDS/SPECIAL RECOGNITION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VI OTHER ACTIVITIES

Participation in school extracurricular activities (Indicate years involved by using the previous codes )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation in civic (non-school related) activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VII COLLEGE PLANS

List name(s) of accredited colleges/universities which you are considering for enrollment

\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What is your planned major? \_\_\_\_\_

Is Latin or Greek offered at your institution ? \_\_\_\_\_

Do you intend to take at least one year of Latin/Greek? \_\_\_\_\_

VIII PERSONAL COMMENTS

Please type on a separate sheet of paper You may respond to these topics in one essay or address each topic in a separate essay

How has your participation in the Junior Classical League influenced /affected you?

What value do Latin and related classical studies have in the modern world?

How do you feel you would benefit from continued study of Latin and the classics?

What will this scholarship award mean to you?

IX. FINANCIAL STATEMENT

After all grants, loans, and other financial aid components are figured in, what will be the net cost to you and your family for your first year in college? \_\_\_\_\_

X- SUBMIT THE FOLLOWING

Please list the names and addresses of three references. Give a recommendation form to each of these three people and please follow up on them. (Each year many outstanding candidates for these scholarships are disqualified because their files are incomplete by when the selection committee meets.)

1 Latin Teacher \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. School Administrator (Principal, Counselor, Teacher) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3 Citizen in the community (must be an adult, not a relative) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4 Name and Address of Local Newspaper \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5 Official transcript of high school records. This should include your course work, grades and GPA, and rank to date.

Remember, incomplete applications will not be considered. Return the completed application and recommendations, postmarked no later than May 1 to

Mr. David Volk  
NJCL Scholastic Services  
1122 Oak Street North  
Fargo, ND 58102

## NATIONAL JUNIOR CLASSICAL LEAGUE SCHOLARSHIP RECOMMENDATION

\_\_\_\_\_  
Name of Applicant

has submitted your name as a reference in making application for a National Junior Classical League scholarship which is awarded to a high school senior who is a member of the Junior Classical League, and whose club is a member of the National Junior Classical League, and who plans to continue the study of classics in college. Special consideration will be given to an applicant who plans to teach Latin or Greek. The Scholarship committee appreciates your help in evaluating this candidate. Please complete the form carefully. All information will be kept confidential.

Your careful estimate of his or her academic performance, intellectual promise, enthusiasm for the Classics and personal qualities will help the selection committee in choosing the recipients for these awards. Please return this completed form or a personal letter attached to it as soon as possible, and no later than May 1, for this applicant to be considered. Thank you for your help.

1. How long have you known the applicant?
  
2. In what subjects/situations have you dealt with the applicant?
  
3. What was the applicant's grade \_\_\_\_\_ (if you are a teacher)

Please describe the candidate's intellectual qualities and work skills. We are interested in the accomplishments and potential for success of this young person.

What are your impressions of the young person?

What has been the candidate's most valuable contribution?

Are you aware of financial need? \_\_\_\_\_

Could/Has this applicant projected Latin in a favorable light?

In summary, what words come to mind to describe the character and personality of this young person?

## General Ratings

Average or below	Good (above average)	Excellent (next 10% this year)	Outstanding (top 5% this year)	One of the top few I have ever encountered in my career	No basis for judgment
					Academic Motivation
					Academic Creativity
					Academic Self-Discipline
					Academic Growth Potential
					Leadership
					Self-Confidence
					Warmth of Personality
					Sense of Humor
					Concern for Others
					Tolerance for Diversity
					Energy
					Emotional Maturity
					Personal Initiative
					Reaction to Setbacks
					Respect Accorded by Faculty/ Peers/Adults
					Personal Integrity
					Enthusiasm for Learning

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to the address below, postmarked by May 1.

Recommendations arriving after the deadline will result in disqualification of the application

Mr. David Volk  
NJCL Scholastic Services  
1122 Oak Street North  
Fargo, ND 58102



*The American Classical League*  
*Maureen V. O'Donnell*  
*Memorial Teacher Training Scholarship*

Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**1) Please indicate the category under which this application is being made.**

\_\_\_\_\_ I am currently enrolled in a program leading to certification in Latin

\_\_\_\_\_ I am a teacher, currently certified in another subject area, who needs additional credits in Latin language, methodology and/or curriculum development in order to be certified in Latin.

**2) Education - include all degrees (earned or in progress), dates awarded, fields in which they were earned and institutions attended**

**3) Professional Employment - include dates**

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**4) Courses taught and where - for this year and past year**



5) One reference - *name, address and position*

6) Principal or Headmaster - *name, address and telephone - if you are currently teaching*

7) Short statement indicating for what purpose you intend to use the scholarship, e.g. course description or expenses other than tuition.

**Completed applications MUST include**

- the original application *plus three copies*
- one letter of recommendation from above reference *plus three copies of letter*

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**Send Application to:**

The American Classical League  
Maureen V. O'Donnell Scholarship  
Miami University  
Oxford, Ohio 45056



## The American Classical League Scholarship Application

Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### 1) Current Status

- ☐ Student - undergraduate
- ☐ Student - graduate

- ☐ Teacher - elementary
- ☐ Teacher - secondary

2) **Education** - *include all degrees (earned or in progress), dates awarded, fields in which they were earned and institutions attended*

3) **Professional Employment** - *include dates*

4) **Courses taught and where** - *for this year and past year*

5) **Offices Held** — **Awards received from classical organizations other than ACL**

6) Member of ACL since \_\_\_\_\_

7) ACL Awards received & when

8) ACL Institutes attended - *give dates*

9) NJCL Conventions attended - *give dates*

10) Two references - *names, addresses and positions*

11) Principal or Headmaster - name, address and telephone - *if you are currently teaching*

12) ATTACH a short statement indicating for what purpose you intend to use the scholarship.  
Please include a budget.

**Completed applications MUST include**

- the original application *plus three copies*
- two letters of recommendations from above references *plus three copies of each letter*

I will be employed as a teacher of at least one classics course next year (2002-2003) on the elementary or secondary level — ☐ yes ☐ no

I verify that the above information is correct to the best of my knowledge \_\_\_\_\_  
Signature

**Send Application to:**  
**DEADLINE — JANUARY 15, 2002**

The American Classical League  
Scholarship Awards  
Miami University  
Oxford, Ohio 45056

**If application meets the requirements of more than one ACL scholarship, the ACL Scholarship Committee will determine the scholarship for which the application is best suited.**