

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2003**Open to Public  
Inspection**A** For the 2003 calendar year, or tax year beginning

and ending

**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 Instructions

**C** Name of organization

PHYLLIS WHEATLEY COMMUNITY CENTER INC.

Number and street (or P O box if mail is not delivered to street address)

915 EMERSON AVENUE NORTH

City or town, state or country, and ZIP + 4

MINNEAPOLIS, MN 55411

**D** Employer identification number

41-0706132

**E** Telephone number

612-374-4342

**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? N/A ☐ Yes ☐ No  
(If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

**G** Website ▶ WWW.PHYLLISWHEATLEY.ORG**J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**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.**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

1,647,078.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	166,979.	
	b	Indirect public support	1b	740,780.	
	c	Government contributions (grants)	1c	406,950.	
	d	Total (add lines 1a through 1c) (cash \$ 1,314,709. noncash \$ )	1d	1,314,709.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	285,219.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	6.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
6b	Less rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7			
Expenses	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				
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	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		
10b	Less cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Net Assets	11	Other revenue (from Part VII, line 103)	11	47,144.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,647,078.	
	13	Program services (from line 44, column (B))	13	1,304,499.	
	14	Management and general (from line 44, column (C))	14	242,151.	
	15	Fundraising (from line 44, column (D))	15	91,313.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,637,963.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	9,115.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-26,678.	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	-38,604.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-56,167.		

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12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**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

Page 2

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			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	75,000.	60,750.	8,250.
26	Other salaries and wages	26	916,254.	744,381.	101,988.
27	Pension plan contributions	27	22,434.	18,928.	2,714.
28	Other employee benefits	28	95,920.	90,763.	4,827.
29	Payroll taxes	29	83,867.	68,465.	9,196.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	14,874.	11,224.	3,183.
34	Telephone	34	17,672.	15,203.	2,469.
35	Postage and shipping	35	1,930.	230.	1,495.
36	Occupancy	36	79,803.	75,813.	2,394.
37	Equipment rental and maintenance	37	20,689.	15,778.	4,911.
38	Printing and publications	38			
39	Travel	39	2,078.	1,536.	518.
40	Conferences, conventions, and meetings	40	2,281.	1,627.	629.
41	Interest	41	10,298.		10,298.
42	Depreciation, depletion, etc (attach schedule)	42	12,188.	3,318.	8,637.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	See Statement 2	43e	282,675.	196,483.	80,642.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	1,637,963.	1,304,499.	242,151.

Joint Costs. Check ☐ if you are following SOP 98-2

Are 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 3**

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	See Statement 4	(Grants and allocations \$ _____)	181,592.
b	See Statement 5	(Grants and allocations \$ _____)	366,186.
c	MARY T WELLCOME CHILD DEVELOPMENT CENTER PROVIDES CHILDREN OF LOW-INCOME AND WORKING PARENTS A SAFE, AFFORDABLE, QUALITY PRE-ACADEMIC PROGRAM FOR INFANTS TO PRE-KINDERGARTEN. NUMBER OF CHILDREN SERVED IN 2003 WERE 77.	(Grants and allocations \$ _____)	756,721.
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)		1,304,499.

**Part IV Balance Sheets**

**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	37,990.	45	2,001.
	46 Savings and temporary cash investments	1,873.	46	3,202.
	47 a Accounts receivable	47a 74,334.		
	b Less allowance for doubtful accounts	47b	130,568.	47c 74,334.
	48 a Pledges receivable	48a		48c
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	7,587.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other		56		
57 a Land, buildings, and equipment basis <b>SCH. ATTACHED</b>	57a 277,726.			
b Less accumulated depreciation	57b 234,740.	34,345.	57c 42,986.	
58 Other assets (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	204,776.	59	130,110.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	201,168.	60	108,224.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <b>SCH. ATTACHED</b>		64b	37,402.
	65 Other liabilities (describe <input type="checkbox"/> <b>LINE OF CREDIT</b> )	30,286.	65	40,651.
66 <b>Total liabilities</b> (add lines 60 through 65)	231,454.	66	186,277.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	-116,678.	67	-83,167.
	68 Temporarily restricted	90,000.	68	27,000.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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, column (B) must equal line 21)	-26,678.	73	-56,167.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	204,776.	74	130,110.

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 VI Other Information**

	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	<b>76</b>	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	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? N/A	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</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?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	X
<b>82 a</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?	<b>82a</b>	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) <b>82b</b> 38,435.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	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? N/A	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? N/A	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	<b>85g</b>	
<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? N/A	<b>85h</b>	
<b>86 501(c)(7) organizations. Enter a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
<b>87 501(c)(12) organizations. Enter a</b> Gross income from members or shareholders <b>87a</b> 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) <b>87b</b> 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	<b>88</b>	X
<b>89 a 501(c)(3) organizations. Enter</b> Amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</b> If "Yes," attach a statement explaining each transaction	<b>89b</b>	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 <b>0.</b>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>MINNESOTA</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 <b>90b</b> 38		
<b>91</b> The books are in care of <b>BARBARA MILON</b> Telephone no <b>612-374-4342</b>		

Located at **915 EMERSON AVENUE NORTH, MINNEAPOLIS, MN**ZIP + 4 **55411**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> <b>PROGRAM FEES</b>					285,219.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	6.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> <b>DEBT FORGIVENESS</b>			01	26,654.	
<b>b</b> <b>MISC INCOME</b>			01	20,490.	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		47,150.	285,219.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					332,369.

**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 page 34 of the 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)
<b>93A</b>	<b>PROGRAM FEES PAID SUPPORT THE DELIVERY OF QUALITY CHILD DEVELOPMENT SERVICES AND PROGRAMS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the 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 page 34 of the 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).

completing schedules and statements, and to the best of my knowledge and belief, it is true,  
information of which preparer has any knowledge.

1/15/04 **Barbara Milton, Executive Director**

Type or print name and title

Date Check if self- Preparer's SSN or PTIN

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

(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.)**

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

OMB No 1545-0047

**2003**

Name of the organization

PHYLLIS WHEATLEY COMMUNITY CENTER INC.

Employer identification number

41 0706132

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part III** Statements About Activities (See page 2 of the 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 <b>►</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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	1	X
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?	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)? See Part V, Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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** 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 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,588,722.	1,739,312.	1,675,102.	1,606,183.	6,609,319.
<b>16</b> Membership fees received	260.				260.
<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	262,845.	222,832.	160,900.	102,602.	749,179.
<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		6,172.	3,521.	1,920.	11,613.
<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.	5,979.	16,012.	See Statement 7 40,230.	17,745.	79,966.
<b>23</b> Total of lines 15 through 22	1,857,806.	1,984,328.	1,879,753.	1,728,450.	7,450,337.
<b>24</b> Line 23 minus line 17	1,594,961.	1,761,496.	1,718,853.	1,625,848.	6,701,158.
<b>25</b> Enter 1% of line 23	18,578.	19,843.	18,798.	17,285.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 134,023.
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 1999 through 2002 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> 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 6,701,158.
d Add: Amounts from column (e) for lines 18 <u>11,613.</u> 19 <u>          </u> 22 <u>79,966.</u> 26b <u>          </u>					<b>26d</b> 91,579.
e Public support (line 26c minus line 26d total)					<b>26e</b> 6,609,579.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.6334%
<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 <b>N/A</b>	(2002)	(2001)	(2000)	(1999)	
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 <b>N/A</b>	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines 15 <u>          </u> 16 <u>          </u> 17 <u>          </u> 20 <u>          </u> 21 <u>          </u>					<b>27c</b> N/A
d Add: Line 27a total <u>          </u> and line 27b total <u>          </u>					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			<b>27f</b> N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 page 7 of the instructions )

N/A

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2003

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

N/A

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

Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **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
	N/A	
<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 -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$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>	

**Caution** 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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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
		0.

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



Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
PRIOR PERIOD ADJUSTMENT		-39,465.	
UNREALIZED GAINS ON SECURITIES		861.	
Total to Form 990, Part I, line 20		-38,604.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
BAD DEBT EXPENSE	8,000.		8,000.		
MAINTENANCE/REPAIRS	11,731.	7,875.	2,878.	978.	
MISCELLANEOUS	4,199.		4,199.		
INSURANCE	13,588.	10,687.	2,672.	229.	
ADVERTISING	1,223.	621.	110.	492.	
UTILITIES	3,035.	2,543.	492.		
PROFESSIONAL FEES	109,696.	67,734.	38,153.	3,809.	
FOOD & BEVERAGES	68,353.	67,504.	822.	27.	
CLIENT ASSISTANCE	4,927.	4,927.			
PROGRAM ACTIVITIES	8,368.	8,368.			
PROGRAM					
TRANSPORTATION	21,823.	21,823.			
FEES & LICENSES	8,362.	3,894.	4,468.		
PRINTING,					
SUBSCRIPTIONS & DUES	2,762.	507.	2,240.	15.	
BOARD OF DIRECTORS					
EXPENSES	16,608.		16,608.		
Total to Fm 990, ln 43	282,675.	196,483.	80,642.	5,550.	

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	3
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Explanation

PROVIDE COMPREHENSIVE QUALITY PROGRAMS IN LIFE-LONG LEARNING, CHILD DEVELOPMENT AND FAMILY SUPPORT FOR THE DIVERSE GREATER MINNEAPOLIS COMMUNITY.

Form 990	Statement of Program Service Accomplishments	Statement	4
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Description of Program Service One

YOUTH SERVICES - ACADEMIC ACHIEVEMENT PROGRAM FOSTERS A POSITIVE LEARNING EXPERIENCE BY IMPROVING THE LEVEL OF ACADEMIC ENRICHMENT FOR YOUTH AGES 5-15. THE PROGRAM ASSISTS STUDENTS WITH MATH, READING, SCIENCE, CREATIVE ARTS, COMPUTER EDUCATION, MONEY MANAGEMENT AND ENVIRONMENTAL EDUCATION. IT HELPS CHILDREN INCREASE THEIR SELF-ESTEEM AND CAPACITY FOR ACADEMIC ACHIEVEMENT AND PSYCHOSOCIAL DEVELOPMENT. NUMBER OF YOUTH SERVED IN 2003 WERE 189.

	Grants	Expenses
To Form 990, Part III, line a		181,592.

Form 990	Statement of Program Service Accomplishments	Statement	5
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Description of Program Service Two

FAMILY SERVICES PROGRAMS STRIVE TO INCREASE THE NUMBER OF INDIVIDUALS AND FAMILIES RESIDING IN NORTH MINNEAPOLIS AND SURROUNDING COMMUNITIES WHO LIVE IN HOUSEHOLDS FREE OF NEGLECT AND ABUSE, RESOLVE CONFLICT WITHOUT VIOLENCE, AND RECEIVE SERVICES NECESSARY TO BECOME SELF-SUFFICIENT. NUMBER OF FAMILIES SERVED IN 2003 WERE 596.

	Grants	Expenses
To Form 990, Part III, line b		366,186.

Form 990                      Part V - List of Officers, Directors, Trustees and Key Employees                      Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
BARBARA MILON 915 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	EXECUTIVE DIRECTOR 40	75,000.	0.      3,684.
MICHELLE BERG 1027 GORMAN AVENUE WEST ST. PAUL, MN 55118	BOARD MEMBER 0	0.	0.      0.
MALIK BERG 6901 NORTH SHINGLE CREEK DR. BROOKLYN PARK, MN 55445	BOARD SECRETARY 0	0.	0.      0.
MATT CLARK 210 2ND STREET NORTH #502 MINNEAPOLIS, MN 55479	BOARD VICE CHAIR 0	0.	0.      0.
MARY DAILEY-FISCHER 1275 73RD STREET VICTORIA, MN 55386	BOARD MEMBER 0	0.	0.      0.
WILLIE DANIELS 3037 CEDAR AVENUE SOUTH #2 MINNEAPOLIS, MN 55407	BOARD MEMBER 0	0.	0.      0.
DARRELL DAVIS 125 BRUNSWICK AVENUE SOUTH GOLDEN VALLEY, MN 55416	BOARD MEMBER 0	0.	0.      0.
DELLA DICKSON 8527 MORGAN LANE EDEN PRAIRIE, MN 55347	BOARD MEMBER 0	0.	0.      0.
WALTER GRAY 7601 FRANCE AVENUE SOUTH #600 EDINA, MN 55435	BOARD MEMBER 0	0.	0.      0.
BRENDA HARRINGTON 17696 LAYTON PATH LAKEVILLE, MN 55044	BOARD VICE CHAIR 0	0.	0.      0.
BRAXTON HAULCY, JR. 6732 SHINGLE CREEK DR. BROOKLYN PARK, MN 55445	BOARD MEMBER 0	0.	0.      0.

PHYLLIS WHEATLEY COMMUNITY CENTER INC.

41-0706132

DAMON KNIGHT 521 WESTON HILLS COURT EAGAN, MN 55123	BOARD MEMBER 0	0.	0.	0.
DAN MCLEAN 17047 77TH AVENUE NORTH MAPLE GROVE, MN 55311	BOARD TREASURER 0	0.	0.	0.
DELORES RATLIFF 509 LYN PARK LANE NORTH MINNEAPOLIS, MN 55411	BOARD MEMBER 0	0.	0.	0.
KATINA SHELTON 6141 15TH AVENUE SOUTH MINNEAPOLIS, MN 55423	BOARD MEMBER 0	0.	0.	0.
CLYDE TURNER 3717 1ST AVENUE SOUTH MINNEAPOLIS, MN 55409	BOARD MEMBER 0	0.	0.	0.
GERI LYNN WILLIAMS 6912 UNITY AVENUE BROOKLYN CENTER, MN 55429	BOARD MEMBER 0	0.	0.	0.
HENRY WESLEY 5650 EAST RIVER ROAD #308 FRIDLEY, MN 55432	BOARD CHAIR 0	0.	0.	0.

Totals Included on Form 990, Part V

75,000. 0. 3,684.

Schedule A	Other Income	Statement	7
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Description	2002 Amount	2001 Amount	2000 Amount	1999 Amount
OTHER INCOME	5,979.	16,012.	40,230.	17,745.
Total to Schedule A, line 22	5,979.	16,012.	40,230.	17,745.



PHYLLIS WHEATLEY COMMUNITY CENTER  
EIN. 41-0706132  
FOR THE YEAR ENDED: DECEMBER 31, 2003

FORM 990 ATTACHMENT

FIXED ASSETS & ACCUMULATED DEPRECIATION SCHEDULE

DESCRIPTION	COST	DEPRECIATION EXPENSE	ACCUMULATED DEPRECIATION	NET BOOK VALUE
LAND	9,238	0	0	9,238
FURNITURE & EQUIPMENT	50,923	6,618	42,564	8,359
CAMP BUILDING & IMPROVEMENTS	44,785	2,519	39,968	4,817
BUILDING IMPROVEMENTS	122,793	3,051	102,221	20,572
VEHICLES	49,987	0	49,987	0
TOTALS	277,726	12,188	234,740	42,986

PHYLLIS WHEATLEY COMMUNITY CENTER  
E I N 41-0706132  
FOR THE YEAR ENDED DECEMBER 31, 2003

FORM 990 ATTACHMENT

A) NAME OF LENDER	MINNESOTA NON PROFIT ASSISTANCE FUND
B) ORIGINAL AMOUNT	\$38,198
C) BALANCE DUE	\$29,913
D) DATE OF LOAN	1/31/2003
E) MATURITY DATE	1/31/2005
F) INTEREST RATE	10%
G) SECURITY PROVIDED	SUBSTANTIALLY ALL ASSETS

A) NAME OF LENDER	GREATER MINNEAPOLIS DAY CARE ASSOCIATION
B) ORIGINAL AMOUNT	\$9,934
C) BALANCE DUE	\$7,490
D) DATE OF LOAN	10/8/2002
E) MATURITY DATE	10/8/2007
F) INTEREST RATE	INTEREST FREE, FORGIVEABLE LOAN
G) SECURITY PROVIDED	CHILD CARE CAPITAL EQUIPMENT

Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ...
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.	Name of Exempt Organization	Employer Identification
	PHYLLIS WHEATLEY COMMUNITY CENTER	41-070613
File by 10/15/04	Number, street, and room or suite no. (If a P.O. box, see instructions).	For IRS use only
extended due date for filing the return. See instructions.	915 EMERSON AVENUE NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MINNEAPOLIS, MN 55411	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_, if this is for the whole group. box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2003
- 5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COLLECT INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CRA Date 8/12/04**Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for a return otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

RECEIVED  
AUG 23 2004  
OGDEN, UT

Director

By:

Date:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month different than the one entered above

Type or print	Name
	ROGERS AND COMPANY
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	431 S. 7TH STREET, SUITE 2424
	City or town, province or state, and country (including postal or ZIP code)
	MINNEAPOLIS, MN 55415

EXTENSION APPROVED

SEP 0 12004

FIELD DIRECTOR  
SUBMISSION PROCESSING OFFICE

Form 8868 (12-2000)