

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003

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 2003 calendar year, or tax year beginning 5/01, 2003, and ending 4/30, 2004

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-
tions.AMERICAN 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).

G Web site: ▶ acclclassics.org & njc1.org

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.

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 Group Exemption Number ▶

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,318,430.

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

1 a 43,011.

b Indirect public support

1 b

c Government contributions (grants)

1 c

d Total (add lines 1a through 1c) (cash \$ 43,011. noncash \$)

1 d 43,011.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 969,117.

3 Membership dues and assessments

3 260,921.

4 Interest on savings and temporary cash investments

4 23,229.

5 Dividends and interest from securities

5 3,619.

6a Gross rents

6 a

b Less rental expenses

6 b

c Net rental income or (loss) (subtract line 6b from line 6a)

6 c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

5,398.

8 a

b Less cost or other basis and sales expenses

5,390.

8 b

c Gain or (loss) (attach schedule)

8.

8 c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8 d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1a)

9 a

b Less direct expenses other than fundraising expenses

9 b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9 c

10a Gross sales of inventory, less returns and allowances

10 a

b Less cost of goods sold

10 b

c Gross profit or (loss) from inventory (attach schedule) (subtract line 10b from line 10a)

10 c

11 Other revenue (from Part VII, line 103)

11 13,135.

12 Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,313,040.

13 Program services (from line 44, column (B))

13 1,244,032.

14 Management and general (from line 44, column (C))

14 36,244.

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

See Statement 1

16 3,200.

17 Total expenses (add lines 16 and 44, column (A))

17 1,283,476.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 29,564.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 910,497.

20 Other changes in net assets or fund balances (attach explanation)

See Statement 2

20 335,080.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 1,275,141.

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

TEEA0107L 10/03/03

Form 990 (2003)

SCANNED SEP 29 2004

RECEIVED

EXPENSES

ASSETS

G13

22

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) (cash \$ 31,413. non-cash \$)	22	31,413.	31,413.		
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	16,200.	16,200.		
26 Other salaries and wages	26	167,203.	142,670.	24,533.	
27 Pension plan contributions	27				
28 Other employee benefits	28	33,303.	26,137.	7,166.	
29 Payroll taxes	29	11,769.	7,579.	4,190.	
30 Professional fundraising fees	30				
31 Accounting fees	31	710.	355.	355.	
32 Legal fees	32				
33 Supplies	33	3,929.	3,929.		
34 Telephone	34	1,894.	1,894.		
35 Postage and shipping	35	25,444.	25,444.		
36 Occupancy	36	10,920.	10,920.		
37 Equipment rental and maintenance	37	14,495.	14,495.		
38 Printing and publications	38	32,456.	32,456.		
39 Travel	39	16,785.	16,785.		
40 Conferences, conventions, and meetings	40	658,169.	658,169.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	6,261.	6,261.		
43 Other expenses not covered above (itemize):					
a Committee costs	43a	1,270.	1,270.		
b Insurance	43b	8,719.	8,719.		
c Office Expense	43c	12,319.	12,319.		
d Program service costs	43d	127,329.	127,329.		
e TMRC materials cost	43e	99,688.	99,688.		
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,280,276.	1,244,032.	36,244.	0.

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 AccomplishmentsWhat 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) & (4) organizations and 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 4			
(Grants and allocations \$ 31,413.)			1,244,032.
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)			1,244,032.

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
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	562,435.	46	832,756.
	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	62,000.	52	58,750.
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) See. St 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	276,836.	54	380,177.
	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 47,882.			
b Less: accumulated depreciation (attach schedule). Statement 6	57b 38,772.	12,380.	57c	9,110.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	913,651.	59	1,280,793.	
LIABILITIES	60 Accounts payable and accrued expenses	3,154.	60	5,652.
	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 <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	3,154.	66	5,652.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	910,497.	67	1,182,368.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	92,773.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	910,497.	73	1,275,141.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	913,651.	74	1,280,793.

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.)**

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	1,313,040.	a	Total expenses and losses per audited financial statements	a	1,283,476.
b	Amounts included on line a but not on line 12, Form 990			b	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 \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):			(4)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,313,040.	c	Line a minus line b	c	1,283,476.
d	Amounts included on line 12, Form 990 but not on line a :			d	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 \$		
(2)	Other (specify):			(2)	Other (specify):		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,313,040.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,283,476.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7		0.	0.	16,200.

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

► ☐ Yes ☒ No

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
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			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
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	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
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	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	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	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
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	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88		X
89a	501(c)(3) organizations. 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	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? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
90a	List the states with which a copy of this return is filed <u>OHIO</u>			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	0	
91	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>			
92	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	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 INSTITUTE					144,408.
b ACL/JCL PROGRAM SERVI					83,802.
c JCL CONVENTION					561,349.
d TMRC TEACHING MATERIA					179,558.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					260,921.
95 Interest on savings & temporary cash invmnts.			14	23,229.	
96 Dividends & interest from securities			14	3,619.	
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			18	8.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADVERTISING					13,135.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				26,856.	1,243,173.
105 Total (add line 104, columns (B), (D), and (E))					1,270,029.

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)
▼	See Statement 8

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.

Please

► *Heraldine Dutra*

Date

9/23/04

Date

Check if

Preparer's SSN or PTIN (see General Instruction M)

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

AMERICAN CLASSICAL LEAGUE

Employer identification number

31-0555960

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

(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 and deferred compensation	(e) Expense account and other allowances
GERALDINE DUTRA 1222 ALBERT CIR, OXFORD, OH	ADMIN SECRETARY 40	49,066.	14,331.	2,355.
Total number of other employees paid over \$50,000 ▶		0		

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

(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

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

Schedule A (Form 990 or 990-EZ) 2003

Yes	No
-----	----

<p>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 ▶ \$ <u> N/A </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) .</p> <p>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</p>	1	X
<p>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a 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) See Statement 9</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>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?</p>	4	X

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.)
- 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,368.	4,520.	5,884.	17,687.	35,459.
16 Membership fees received	208,236.	214,276.	208,038.	211,878.	842,428.
17 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	286,106.	359,678.	324,293.	352,153.	1,322,230.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,770.	23,030.	27,384.	50,554.	123,738.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	524,480.	601,504.	565,599.	632,272.	2,323,855.
24 Line 23 minus line 17.	238,374.	241,826.	241,306.	280,119.	1,001,625.
25 Enter 1% of line 23	5,245.	6,015.	5,656.	6,323.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				26a
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.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add. Amounts from column (e) for lines. 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
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. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 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: (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 0.					
c Add: Amounts from column (e) for lines. 15 _____ 35,459. 16 _____ 842,428. 17 _____ 1,322,230. 20 _____ 21 _____					27c 2,200,117.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,200,117.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 2,323,855.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 94.68 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.32 %
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 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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)	31		

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37).	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
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)

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

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

Yes	No	Amount

Baer, Elizabeth 31 Hubbard Street Lenox, MA 01240	800.00
Beers, Neil 250 Little St., Apt. A-210 Athens, GA 30605	693.65
Bergen, Charles 2238 Pea Ridge Road Clarksville, TN 37040	1000.00
Boody, Teresa 2700 Corsair Drive Birmingham, AL 35244	500.00
Bouis, Elizabeth A. 1456 Rosewood Creek Drive Marietta, GA 30066	610.00
Burke, Rachel 4775 Apartment Blvd. Apt. C2 North Charleston, SC 29418	400.00
Burney, Brent D. 210 Waimairi Road, Ilam Christchurch, New Zealand	1500.00
Campbell, Nathaniel 5716 S. Quatar Court Centennial, CO 80015	1500.00
Chang, Nelly 3331 26th Avenue SW Fargo, ND 58103	1000.00
Colt Sarah Barnard College New York, NY 10027	1000.00
Cormany, Ed 3718 Normandy Road Shaker Heights, OH 44120	1000.00
Cobb, Rachel 3003 Valmont Road, #73 Boulder, CO 80301	750.00

ACL/JCL Awards (page 2)

DeMeo, Joanne 11804 Park Forest Ct. Glen Allen, VA 32059	500.00
Draper, Jennifer 4046 N Harding Ave, #3W Chicago, IL 60618	1500.00
Foge, Gigi L. 1655 Jasmine Avenue New Hyde Park, NY 11040	1500.00
Ganino, Katherine 63 Forest Hills St., Apt. 3 Jamaica Plain, MA 02130	500.00
Gulya, Lisa 113 Broadway Fargo, ND 58102	1500.00
Haag, Steven 6404 Westward Drive Loveland, OH 45140	1500.00
Larrieu, Kay S. 8230 Macbeth Street Manassas, VA 20110	500.00
Larson, Jennifer A. 67 Pleasant Street South Weymouth, MA 02190	1500.00
Maitland, Carola 132 Litchfield Lane Houston, TX 77024	500.00
McAllister, Drew P. 339 Suburban Ferguson, MO 63135	400.00
Parker, James D. 4103 1/2 Greeley Houston, TX 77006	500.00
Petersen, Amy N. 1824 W Grace St, #3 Richmond, VA 23875	1500.00

ACL/JCL Awards (page 3)

Poerio, Zee Ann 665.00
3308 Brookdale Drive
Pittsburgh, PA 15241

Renzy, Ann K. 500.00
39878 Oak Hill Farm Road
Aldie, VA 20105

Ring, David 1000.00
4758 Ortega Farms Boulevard
Jacksonville, FL 32210

Sheaffer, Neil A. 738.66
3004 S 84th Street
West Allis, WI 53227

Sister Marie Janae 902.75
St. Michael's Academy
8500 N St. Michael's Road
Spokane, WA 99217

Sister Mary Petra Knoll 902.75
St. Michael's Academy
8500 N St. Michael's Road
Spokane, WA 99217

Stickney, Scott M. 1500.00
173 Avenue A
Pittsburgh, PA 15221

Strunk, Thomas E. 800.00
7517 N Winchester Ave Apt 1E
Chicago, IL 60626

Wootten, Sady M. 750.00
Campus Box 1651
2 East South Street
Galesburg, IL 61401

Wu, Michelle 1000.00
987 Marlborough Road
Barrington, IL 60010

AMERICAN CLASSICAL LEAGUE

31-0555960

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

<u>Name and Address</u>	<u>Purpose of Payment</u>	<u>Amount</u>
NAT'L COM OF LATIN & GREEK 11371 MATINICUS CT. CYPRESS, CA 90630	SUPPORT	\$ 3,200.
Total		\$ <u>3,200.</u>

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

ACCUMULATED CONVENTION FUNDS	\$ 260,599.
UNREALIZED CAPITAL GAINS	74,481.
Total	\$ <u>335,080.</u>

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

To further the study of the classics in the U.S.

Statement 4
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 provides teaching materials, conventions and other resources for teachers and students of the classics across the nation. With 3,479 teacher members, 253 student members, and 145 member libraries, they motivate students to study classic literature and languages, by providing teachers with innovative classroom tools and teaching aids to help make the study of Latin and Greek entertaining and enjoyable.	21,913.	590,084.
Junior Classical League, with 51,548 student members, provides an Honor Society, Newsletter, scholarships, proficiency exams and various other programs to promote the study of Latin and Greek across the nation. The annual Convention brings together over 1,570 students, teachers and affiliates for discussion, competitions, scholarship awards and other incentives for students to continue the study of classical language and literature.	9,500.	653,948.
	<u>\$ 31,413.</u>	<u>\$ 1,244,032.</u>

AMERICAN CLASSICAL LEAGUE

31-0555960

Statement 5
Form 990, Part IV, Line 54
Investments - Securities

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
American Express Financial	Market Value	\$ 24,194.
	Total	\$ 24,194.

<u>Other Publicly Traded Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Pioneer Fund - Class A	Market Value	56,384.
Pioneer Growth Shares - Class A	Market Value	36,009.
Idex JCC Growth - T	Market Value	64,065.
Kemper Dreman High Return	Market Value	24,999.
Investment Co. of America - Class A	Market Value	73,771.
JCL Mutual Funds	Market Value	64,291.
Van Kampen Mutual Fund	Market Value	36,464.
	Total	\$ 355,983.

Total Investments - Securities \$ 380,177.

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

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 3,242.	\$ 984.	\$ 2,258.
Machinery and Equipment	44,640.	37,788.	6,852.
Total	<u>\$ 47,882.</u>	<u>\$ 38,772.</u>	<u>\$ 9,110.</u>

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
KEN KITCHELL UNIVERSITY OF MASSACHUSETTS AMHERST, MA 01003	PRESIDENT None	\$ 0.	\$ 0.	\$ 1,800.
SHERWIN LITTLE 3277 CORNELL ROAD CINCINNATI, OH 45241	V. PRESIDENT None	0.	0.	1,800.

AMERICAN CLASSICAL LEAGUE

31-0555960

Statement 7 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TAMARA BAUER 51 CURTIS ROAD MILTON, MA 02186	SECRETARY None	\$ 0.	\$ 0.	\$ 1,800.
KATHY ELIFRITS 19 BRANDTWINE COURT HIGHLAND HEIGHTS, KY 41076	TREASURER None	0.	0.	1,800.
JOHN DUTRA MIAMI UNIVERSITY CLASSICS DEPT OXFORD, OH 45056	Director - TMRC None	0.	0.	1,800.
PETER HOWARD TROY STATE UNIVERSITY TROY, AL 36082	Dir Tchr Plcmt None	0.	0.	1,800.
MARY ENGLISH MONTCLAIR STATE UNIVERSITY UPPER MONTCLAIR, NJ 07043	Editor None	0.	0.	1,800.
PAUL PROPERZIO 15 BALLARDVALE ROAD ANDOVER, MA 01810	Editor None	0.	0.	1,800.
PENNY CIPOLONE 253 LINCOLN AVENUE WOODBURY HEIGHTS, GA 30066	Chair - NJCL None	0.	0.	1,800.
Total		\$ 0.	\$ 0.	\$ 16,200.

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; they award scholarships and confirm the new officers during the convention. 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

Statement 8 (continued)
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
	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 learning 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.

Statement 9
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

Please see Scholarship requirements and applications attached.

Other Income Producing Activities
Dividends/interest from securities.

Dividends Reinvested	\$	3,096.
Capital Gain Reinvested		523.
Total	\$	<u>3,619.</u>



The American Classical League
Maureen V. O'Donnell & Eunice E. Kraft
Teacher Training Scholarships

PURPOSE

These scholarships are awarded by The American Classical League to support candidates in training for certification to teach Latin.

ELIGIBILITY

Candidates must have completed a substantial part of the courses leading toward certification and must, at the time of application, be members of ACL. An individual must wait at least three years before reapplying for a scholarship.

FUNDABLE ACTIVITIES

For the period funded, the candidate must be enrolled for classes required for Latin certification and including at least in part classes in methodology and/or curriculum development. The award may be used to defray these tuition costs. The awards may also apply to such things as fees connected with practice teaching or certification or may help defray other expenses, especially those connected with practice teaching, which might otherwise prevent completion of certification, such as travel, child-care, or job-income replacement.

AMOUNT OF AWARD

The maximum amount of the award is \$750.00

HOW TO APPLY

Send application to:

The American Classical League
Maureen V. O'Donnell /Eunice E. Kraft Scholarships
Miami University
422 Wells Mill Drive
Oxford, OHIO, 45056
(513) 529-7741 • Fax (513) 529-7742
www.aclclassics.org • info@aclclassics.org

APPLICATION DEADLINES

December 1 (spring semester)

March 1 (summer or fall semester)



The American Classical League
Maureen V. O'Donnell & Eunice E. Kraft
Teacher Training Scholarships

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*

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
- one letter of recommendation from above reference

Send Application to:

The American Classical League
Maureen V. O'Donnell/Eunice E. Kraft Scholarships
Miami University
422 Wells Mill Drive
Oxford, Ohio 45056

APPLICATION FOR THE NATIONAL GREEK EXAMINATION SCHOLARSHIP

Page 1,2, & 3 must be typed. These pages must be completed by the applicant and sent to the Scholarship Committee Chair, postmarked by May 24.

Include with this application: two recommendation forms (page 4 and 5), one of which should be from the Greek teacher, in separate sealed envelopes. Applicant should request that an official transcript be sent directly to Ephy Howard, or the Registrar should seal it in an envelope to be included in the packet with this application. Unless the packet is complete, the application will not be considered by the committee.

Do not send materials other than those required and requested.

Name _____

Address _____
(street) (city) (state) (zip)

Telephone _____
(Area code) (Number)

Secondary School _____
(Name)

(Address)

Name of Greek Teacher _____

Cumulative grade point average in all high-school subjects _____

Cumulative grade point in Greek _____

Cumulative grade point in Latin (if studied) _____

School's grade point scale _____

Number of years enrolled in Greek _____ in Latin (if studied) _____

Class rank _____ Class size _____

List awards in previous National Greek or National Latin Examinations _____

Educational Testing Service Latin Achievement Test Score (if taken) _____

Advanced Placement Latin Score (if taken and available) _____

SAT combined Score _____

Name of College or University, which you plan to attend _____

Address _____

(city) (state) (zip)

Local newspaper for news release _____

Address _____
(city) (state) (zip)

APPLICATION FOR THE NATIONAL GREEK EXAMINATION SCHOLARSHIP

NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

School activities listed by year:

Non-School activities listed by year:

Special achievements and honors listed by year:

Job experience (paid and volunteer) listed by year:

If I am selected as an NGE scholarship recipient, I agree to complete the 6 credit hours in Classical, New Testament, or Modern Greek within the first year of college.

I certify that the information given above is accurate and true.

DATE _____

(Applicant's Signature)

APPLICATION FOR THE NATIONAL GREEK EXAMINATION SCHOLARSHIP

NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

APPLICANT'S ESSAY (To be typed on this side only.)

I certify that the information given above is accurate and true.

DATE _____ (Applicant's Signature)

RECOMMENDATION FORM FOR NATIONAL GREEK EXAMINATION SCHOLARSHIP

I. STUDENT INFORMATION (To be filled in by student)

NAME OF APPLICANT _____

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

Waiver: In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter of recommendation.

Signature: _____

Date: _____

II. RECOMMENDATION (To be completed by evaluator and placed in a sealed envelope for inclusion in application packet.)

1. Under what circumstances are you acquainted with the applicant and for what length of time?

2. Please estimate the extent to which the student has demonstrated the qualities below.

SCALE:	5-Superior	4-Very Good	3-Good	2-Fair	1-Poor	Not Applicable
a. attitude towards learning	5	4	3	2	1	NA
b. intellectual curiosity	5	4	3	2	1	NA
c. independence of thought	5	4	3	2	1	NA
d. effort	5	4	3	2	1	NA
e. creativity	5	4	3	2	1	NA
f. integrity	5	4	3	2	1	NA
g. maturity	5	4	3	2	1	NA
h. initiative	5	4	3	2	1	NA
i. leadership	5	4	3	2	1	NA

3. If you wish to make any further comments about the applicant, please do so by attaching a sheet with your comments or a copy of a recommendation previously written for this student.

NAME (please print): _____

TITLE _____

HOME TELEPHONE NUMBER: _____
(Area Code) (Number)

COMPLETE HOME ADDRESS: _____

DATE _____

SIGNATURE: _____

***RECOMMENDATION FORM FOR NATIONAL GREEK EXAMINATION SCHOLARSHIP**

I. STUDENT INFORMATION (To be filled in by student)

NAME OF APPLICANT _____

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

Waiver: In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter of recommendation.

Signature: _____

Date: _____

II. RECOMMENDATION (To be completed by evaluator and placed in a sealed envelope for inclusion in application packet.)

1. Under what circumstances are you acquainted with the applicant and for what length of time?

2. Please estimate the extent to which the student has demonstrated the qualities below.

SCALE:	5-Superior	4-Very Good	3-Good	2-Fair	1-Poor	Not Applicable
a. attitude towards learning	5	4	3	2	1	NA
b. intellectual curiosity	5	4	3	2	1	NA
c. independence of thought	5	4	3	2	1	NA
d. effort	5	4	3	2	1	NA
e. creativity	5	4	3	2	1	NA
f. integrity	5	4	3	2	1	NA
g. maturity	5	4	3	2	1	NA
h. initiative	5	4	3	2	1	NA
i. leadership	5	4	3	2	1	NA

3. If you wish to make any further comments about the applicant, please do so by attaching a sheet with your comments or a copy of a recommendation previously written for this student.

NAME (please print): _____

TITLE _____

HOME TELEPHONE NUMBER: _____
(Area Code) (Number)

COMPLETE HOME ADDRESS: _____

DATE _____

SINGATURE: _____



National Junior Classical League Scholarship Information

- I. The National Junior Classical League annually grants several scholarships to NJCL members ranging from \$1000 to \$2000. 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 \$1500 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.
 - G. Sr. Jeannette Plante Scholarship, established in 2002 in memory of Sr. Jeannette, a past national committee member and long-time friend of JCL.
 - F. Susan and Dennis Webb Scholarship, established in 2003 when Mr. & Mrs. Webb made a generous contribution to NJCL. Dennis Webb was NJCL President in 1969-70.

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.

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 Richmond, Richmond, Virginia.
July 26 - July 31, 2004

☐ Yes

☐ No

II. LATIN/GREEK EXPERIENCE

Latin/Greek Teacher(s) _____

How many years of Latin/Greek are offered at your school? _____

How many years have you studied Latin/Greek in school? _____

If there is a discrepancy, please explain:

III. ACADEMIC ACHIEVEMENT

_____ Rank in class, if available

_____ Size of class

_____ Cumulative GPA _____ weighted _____ unweighted

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 any other classics-oriented meeting/organizations.

V. 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? _____

VI. 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? _____

VI. AWARDS AND OTHER ACTIVITIES

On a single sheet of paper please provide a list of 5 awards and 5 extracurricular activities and 5 civic (non-school related) activities which best define who you are.

VII. PERSONAL ESSAY

On another single sheet of paper please write an essay of 500 words or less on the following: How will you pass on the torch of classical civilization and convey your study of Latin/Greek into the modern world?

X. SUBMIT THE FOLLOWING

Please list the names and addresses of two references and then give a recommendation form to these two 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) or Citizen in the community (must be an adult, not a relative) and Address

3. Please submit an official transcript of high school records. This should include your course work, grades and GPA, and rank to date.

4. Name and Address of Local Newspaper _____

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 applying 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 this form carefully and honestly. All information will be kept confidential.

Please return this completed form or a personal letter on a single sheet of paper containing an estimate of his or her academic performance, intellectual promise, personal qualities, character, and enthusiasm for the Classics. Your thoughtful insight will help the selection committee in choosing the most deserving recipients for these awards. Thank you for your help.

1. How long have you known the applicant? _____

2. In what subjects/situations have you dealt with the applicant? _____

General Ratings (we realize that no student will be one of the top few one has encountered in one's career for all areas; so, a realistic rating is appreciated for us to better understand the students strengths and areas fro improvement. Your personal letter provides further explanation.)

Categories: No Basis; Average; Above Average; Top 10%; Top 5%; One of top few I have encountered in my career

1. Academics Motivation
2. Leadership
3. Self-Confidence
4. Warmth of Personality
5. Sense of Humor
6. Concern of Others
7. Tolerance for Diversity
8. Energy
9. Emotional Maturity
10. Personal Initiative
11. Reaction to Setbacks
12. Respects by Others
13. Personal Integrity
14. Enthusiasm for the Classics

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

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.

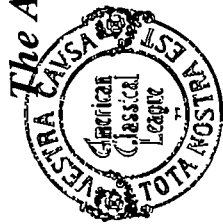
Signature _____ Date _____

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.



The American Classical League — Miami University, 422 Wells Mill Drive, Oxford, Ohio 45056
(513) 529-7741 • Fax (513) 529-7742 • Email info@aclclassics.org

Scholarship Information

Arthur Patch McKinlay Scholarship — Ed Phinney Commemorative Scholarship

Glenn Knudsvig Memorial Scholarship

Eligibility

- Teacher of Classics at the elementary through secondary level
- Undergraduate or graduate classics major planning to teach at the elementary through college level
- Previous winners may compete again for the same award in the fourth year after the original award

MCKINLAY

- Current member of The American Classical League
- Must also have been an ACL member for the preceding three years (*if applying to attend the ACL Institute for the first time, only current ACL membership required*)
- Must be planning to teach classics at the elementary through secondary level for the 2005-2006 school year.

FUNDABLE ACTIVITIES

1. Scholarships will be granted only when a bona fide study program [campus-centered, study-tour (abroad), research] is proposed. Alternate proposals will be considered, but there must be evidence of structured study or research
2. First-time attendance at The American Classical League Institute. The award will cover Institute expenses (*registration, room and board on campus*). Also, it may help to defray the cost of transportation *

AMOUNT

The amounts of the awards vary up to \$1500, depending upon circumstances, requirements, and availability of funds

KNUDSVIG

MUST ALSO BE A

- Current JCL sponsor who attended the 2004 NJCL convention in Richmond, Virginia OR
- Teacher of Latin, Greek or Classics with less than five years classroom experience and has never attended an ACL Institute OR
- Graduate student who plans to teach K-12 Latin, Greek or Classics OR
- Teacher whose students participated in the 2004 National Latin Exam and has never attended an ACL Institute

FUNDABLE ACTIVITIES

Registration, room, board and travel for the Annual ACL Institute.*

AMOUNT

Maximum amount of award — \$750

PHINNEY

- Current member of The American Classical League
- Must also have been an ACL member for year prior to applying (*if applying to attend ACL Institute for the first time, only current ACL membership required.*)

FUNDABLE ACTIVITIES

1. First-time attendance at The American Classical League Institute. The award will be applied to Institute expenses (*registration, room and board on campus*). Also, it may help to defray the cost of transportation.* (*At least one of the awards may be given to an undergraduate classics major or graduate student of classics intending to teach at the elementary through college level.*)
2. Other activities that serve to enhance a teacher's skills in the classroom (*e.g. a computer workshop; an AP workshop, etc.*). Awards may be used to cover the cost of tuition, room, board or travel.
3. Purchase of materials from the ACL Teaching Materials and Resource Center. (*a one-time only award*) Applicants will need to show a connection between materials ordered and their use in the classroom.

AMOUNT

Maximum amount of award — \$750. Awards made under category 3 (*Teaching Materials*) will be for \$250 in the form of a certificate enabling the awardee to obtain materials from ACL's Teaching Materials and Resource Center.

* The 2005 ACL Annual Institute will be held at the University of New Mexico, Albuquerque, New Mexico, June 25 - 27, 2005. Under the "statement of project" section of the application, list ACL Institute with no dollar amount and list amount of estimated transportation costs.

Deadline for applications - January 15, 2005 (*awards will be made on March 15, 2005*)



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

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

4) **Professional Employment** - *include dates*

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

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

7) **Member of ACL since** _____

8) **ACL Awards received & when**

9) **ACL Institutes attended** - *give dates*

10) **NJCL Conventions attended** - *give dates*

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

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

13) 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
- two letters of recommendations from above references

I will be employed as a teacher of at least one classics course next year (2005-2006) 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, 2005

The American Classical League
Scholarship Awards
Miami University
422 Wells Mill Drive
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.

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	AMERICAN CLASSICAL LEAGUE	31-0555960
	Number, street, and room or suite number. If a P.O. box, see instructions	
	MIAMI UNIV, 422 WELLS MILL DR.	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	OXFORD, OH 45056	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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, check this 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 12/15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 5/01, 20 03, and ending 4/30, 20 04

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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 \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. 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 \$ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Geri Dutta

Title ▶ ADMIN SECTRY

Date ▶ 9/13/04

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)