

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2004

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning January 1, 2004, and ending December 31, 2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		Joplin NALA Read		43-1292566
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		P O Box 447		(417) 782-2646
City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ▶		
Joplin MO 64802-0447				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

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

I Website: ▶ joplinnala.org

J Organization type (check only one) - 501(c) (3) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 712,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

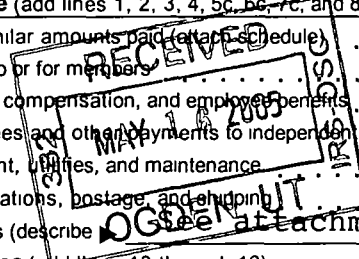
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	21,779
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	151
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6 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 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	2,002	
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	176	
8 Other revenue (describe ▶ _____)	8	25,250	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	49,358	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	29,230
	13 Professional fees and other payments to independent contractors	13	2,034
	14 Occupancy, rent, utilities, and maintenance	14	3,450
	15 Printing, publications, postage, and shipping	15	2,117
	16 Other expenses (describe ▶ _____ see attachment)	16	12,221
17 Total expenses (add lines 10 through 16)	17	49,072	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	286
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,823
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	10,109

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9,823	2,377
23	Land and buildings		
24	Other assets (describe ▶ _____)		8,374
25	Total assets		10,751
26	Total liabilities (describe ▶ acc'ts payable & taxes)		(642)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		10,209

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Part III. Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <u>Education</u>		
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>Adult literacy: teaching reading & math to adults;</u> <u>teaching English to people from other countries;</u> <u>Family Literacy: promoting reading.</u> (Grants \$ _____)	28a 32,311
29	_____ (Grants \$ _____)	29a
30	_____ (Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	Total program service expenses (add lines 28a through 31a)	32 32,311

Part IV. List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
<u>See attachment</u>				

Part V. Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		0
b	501(c)(3) and (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 an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed ▶ <u>Missouri</u>		
42	The books are in care of ▶ <u>Marjory Boudreaux</u> Telephone no ▶ <u>(417) 782-2646</u> Located at ▶ <u>509 S Wall (P O Box 447-Joplin MO</u> ZIP + 4 ▶ <u>64802-0447</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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	43	

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

5-13-05
Date

or

EXPLANATION FOR LINE 16, PART 1 990-EZ
JOPLIN NALA READ

Supplies	\$ (1,546.00)
Books	\$ (3,215.00)
Telephone	\$ (1,834.00)
Equipment Rent/Maint	\$ (762.00)
Travel	\$ (486.00)
Conf/Conventions	\$ (611.00)
Insurance	\$ (367.00)
Awards	\$ (247.00)
Membership	\$ (453.00)
Miscellaneous	\$ (25.00)
New Equipment	\$ (1,265.00)
Depreciation	\$ (1,410.00)
Total	\$ (12,221.00)

	A	B	C	D	E
	PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES AND		KEY EMPLOYEES		
	JOPLIN NALA Read 2004				
	NAME AND ADDRESS	TITLE & HOURS	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT
1	Marjory Boudreaux	Director	\$7,962.00	None	None
2	120 N Connor Ave. Joplin MO 64801	25-32 hours a week			
3	Joan Doner	Program Coordinator	\$9,708.00	None	None
4	2315 S Illinois Ave. Joplin MO 64804	& Sec'y 20 hrs wk			
5	Sandra Yoder	Administrator Asst	\$9,489.00	None	None
6	815 Summit Joplin MO 64801				
7	Judy Stiles	President	\$0.00	\$50.00	None
8	3950 E Newman Rd Joplin MO 64801	4 hours a month			
9	Theresa Cooke	Treasurer	\$0.00	None	None
10	410 S Jackson Ave Joplin MO 64801	4 hours a month			
11	Henry Morgan	Vice-President	\$0.00	\$240.00	None
12	6233 Impala Lane Joplin MO 64804	4 hours a month			
13	Edward St. Clair	Financial Consultant	\$0.00	\$500.00	None
14	4363 Annetta Lane Joplin MO 64804	6 hours a month			