

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

2005Open to Public
Inspection**A** For the 2005 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 ► N/A**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 ► N/A**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,527,388.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received					
a	Direct public support	1a	267,837.		
b	Indirect public support	1b	669,609.		
c	Government contributions (grants)	1c	313,451.		
d	Total (add lines 1a through 1c) (cash \$ 1,240,429. noncash \$ 10,468.)	1d	1,250,897.		
Program service revenue including government fees and contracts (from Part VII, line 93)		2	268,375.		
Membership dues and assessments		3			
Interest on savings and temporary cash investments		4	11.		
Dividends and interest from securities		5			
6a	Gross rents	6a			
6b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ►)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	8,105.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,527,388.		
13	Program services (from line 44, column (B))	13	1,094,201.		
14	Management and general (from line 44, column (C))	14	116,846.		
15	Fundraising (from line 44, column (D))	15	110,308.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,321,355.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	206,033.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	57,280.		
20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	86.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	263,399.		

523001
02-03-06

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

Form 990 (2005)

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 (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	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 77,250.	20,858.	19,313.	37,079.
26 Other salaries and wages	26 625,654.	589,348.	7,041.	29,265.
27 Pension plan contributions	27			
28 Other employee benefits	28 89,822.	81,649.	2,876.	5,297.
29 Payroll taxes	29 74,792.	67,987.	2,394.	4,411.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 16,708.	13,868.	1,838.	1,002.
34 Telephone	34 7,858.	6,422.	408.	1,028.
35 Postage and shipping	35 1,549.	618.	467.	464.
36 Occupancy	36 50,815.	43,193.	5,590.	2,032.
37 Equipment rental and maintenance	37 17,012.	14,857.	773.	1,382.
38 Printing and publications	38			
39 Travel	39 1,540.	1,315.	198.	27.
40 Conferences, conventions, and meetings	40 3,822.	2,414.	1,089.	319.
41 Interest	41 6,088.	344.	5,725.	19.
42 Depreciation, depletion, etc. (attach schedule)	42 15,180.	12,508.	2,004.	668.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g See Statement 2	43g 333,265.	238,820.	67,130.	27,315.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,321,355.	1,094,201.	116,846.	110,308.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** See Statement 3

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► See Statement 5		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a	See Statement 4	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	177,163.
b	FAMILY SERVICES PROGRAMS STRIVE TO INCREASE THE NUMBER OF INDIVIDUALS AND FAMILIES RESIDING IN NORTH MINNEAPOLIS AND SURROUNDING COMMUNITIES TO 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 2005 WERE 1,025.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	258,766.
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 2005 WERE 101.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	658,272.
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,094,201.

Form 990 (2005)

Part IV Balance Sheets (See the 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	59,690.	45	253,858.
	46 Savings and temporary cash investments	3,142.	46	3,239.
	47 a Accounts receivable	76,382.		
	b Less: allowance for doubtful accounts		47c	76,382.
	48 a Pledges receivable	104.		
	b Less: allowance for doubtful accounts		48c	104.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,579.	53	1,140.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	259,503.			
b Less: accumulated depreciation	189,079.	70,086.	57c	70,424.
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	228,427.	59	405,147.	
Liabilities	60 Accounts payable and accrued expenses	103,395.	60	67,798.
	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	67,752.	64b	73,950.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities. Add lines 60 through 65	171,147.	66	141,748.
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	-36,859.	67	97,820.
	68 Temporarily restricted	94,139.	68	165,579.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, 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)	57,280.	73	263,399.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	228,427.	74	405,147.	

Part VI Other Information (continued)

		Yes	No
82 a	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	36,090.
83 a	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
84 a	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?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
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
89 a	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.
90 a	List the states with which a copy of this return is filed <u>MN</u>	90b	30
b	Number of employees employed in the pay period that includes March 12, 2005		
91 a	The books are in care of <u>BARBARA MILON</u> Telephone no <u>612-374-4342</u> Located at <u>915 EMERSON AVENUE NORTH, MINNEAPOLIS, MN</u> ZIP + 4 <u>55411</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
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>N/A</u>	92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue:					
a PROGRAM FEES					268,375.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11.	
96 Dividends and interest from securities					
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a DEBT FORGIVENESS			01	6,508.	
b MISC INCOME			01	1,597.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		8,116.	268,375.
105 Total (add line 104, columns (B), (D), and (E))					276,491.

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 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)
93A	PROGRAM FEES PAID SUPPORT THE DELIVERY OF QUALITY CHILD DEVELOPMENT SERVICES AND PROGRAMS.

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

Please Sign Here	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.	
	Signature of officer <i>Matthew J. Clark</i>	Date 7/13/06
Paid Preparer's Use Only	Type or print name and title Matthew J. Clark	
	Preparer's signature <i>Scott A. Mann, CPA</i>	Date 7/12/06
523163 02-03-06	Firm's name (or yours if self-employed), address, and ZIP + 4 BAUNE DOSEN & CO LLP 301 CARLSON PARKWAY SUITE 350 MINNETONKA, MN 55305	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN P00017552
		EIN Phone no (952) 473-2002

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(a), 501(f), 501(k),
501(n), or 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

2005

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
DEB TOMASINO 19228 XAVIER ST NW, ELK RIVER, MN 553	40.00	46,112.		9,880.
Total number of other employees paid over \$50,000	0			

Part II-A

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 II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other 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 \$ _____ \$ _____ (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-A, 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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

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

14	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,265,780.	1,314,709.	1,588,722.	1,739,312.	5,908,523.
16 Membership fees received			260.		260.
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	248,151.	341,453.	262,845.	222,832.	1,075,281.
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	4.	6.		6,172.	6,182.
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.	6,507.	47,144.	See Statement 7 5,979.	16,012.	75,642.
23 Total of lines 15 through 22	1,520,442.	1,703,312.	1,857,806.	1,984,328.	7,065,888.
24 Line 23 minus line 17	1,272,291.	1,361,859.	1,594,961.	1,761,496.	5,990,607.
25 Enter 1% of line 23	15,204.	17,033.	18,578.	19,843.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 119,812.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,990,607.
d Add: Amounts from column (e) for lines 18 6,182. 19 22 75,642. 26b					26d 81,824.
e Public support (line 26c minus line 26d total)					26e 5,908,783.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.6341%
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: (2004) (2003) (2002) (2001)					N/A
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 11b, 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: (2004) (2003) (2002) (2001)					N/A
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
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		

Schedule A (Form 990 or 990-EZ) 2005

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 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												
		N/A													
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 -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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														
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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

PHYLLIS WHEATLEY COMMUNITY CENTER
E.I.N. 41-0706132
FOR THE YEAR ENDED: DECEMBER 31, 2005

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	13,479	8,621	11,207	2,272
CAMP BUILDING & IMPROVEMENTS	44,785	2,298	44,785	0
BUILDING IMPROVEMENTS	142,014	4,261	83,100	58,914
VEHICLES	49,987	0	49,987	0
TOTALS	259,503	15,180	189,079	70,424

PHYLLIS WHEATLEY COMMUNITY CENTER
E.I N. 41-0706132
FOR THE YEAR ENDED DECEMBER 31, 2005

FORM 990 ATTACHMENT

A) NAME OF LENDER	MINNESOTA NON PROFIT ASSISTANCE FUND
B) ORIGINAL AMOUNT	\$38,198
C) BALANCE DUE	\$22,975
D) DATE OF LOAN	1/31/2003
E) MATURITY DATE	2/17/2007
F) INTEREST RATE	10%
G) SECURITY PROVIDED	SUBSTANTIALY ALL ASSETS

A) NAME OF LENDER	GREATER MINNEAPOLIS DAY CARE ASSOCIATION
B) ORIGINAL AMOUNT	\$9,934
C) BALANCE DUE	\$3,516
D) DATE OF LOAN	10/8/2002
E) MATURITY DATE	10/8/2007
F) INTEREST RATE	INTEREST FREE, FORGIVEABLE LOAN
G) SECURITY PROVIDED	SUBSTANTIALY ALL ASSETS

A) NAME OF LENDER	WELLS FARGO
B) ORIGINAL AMOUNT	\$39,923
C) BALANCE DUE	\$28,709
D) DATE OF LOAN	4/30/2004
E) MATURITY DATE	4/30/2009
F) INTEREST RATE	9%
G) SECURITY PROVIDED	NONE

A) NAME OF LENDER	GREATER MINNEAPOLIS DAY CARE ASSOCIATION
B) ORIGINAL AMOUNT	\$24,221
C) BALANCE DUE	\$18,751
D) DATE OF LOAN	10/22/2004
E) MATURITY DATE	11/1/2009
F) INTEREST RATE	5%, PARTIALLY FORGIVEABLE LOAN
G) SECURITY PROVIDED	SUBSTANTIALY ALL ASSETS

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
UNREALIZED GAINS ON SECURITIES		86.	
Total to Form 990, Part I, line 20		86.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
MAINTENANCE/REPAIRS	7,161.	4,960.	453.	1,748.	
INSURANCE	15,532.	12,751.	2,106.	675.	
UTILITIES	2,473.	813.	1,660.		
PROFESSIONAL FEES	218,026.	137,356.	56,687.	23,983.	
FOOD & BEVERAGES	61,759.	60,952.	634.	173.	
CLIENT ASSISTANCE	3,529.	3,529.			
PROGRAM ACTIVITIES	10,678.	9,007.	1,421.	250.	
PROGRAM					
TRANSPORTATION	7,982.	7,982.			
FEES & LICENSES	1,276.	1,176.	100.		
PRINTING/SUBSCRIPTIO					
S/DUES	4,154.	294.	3,374.	486.	
BOARD OF DIRECTORS					
EXPENSES	695.		695.		
Total to Fm 990, ln 43	333,265.	238,820.	67,130.	27,315.	

Form 990

Officer Compensation Allocation
Part II, Line 25

Statement 3

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
BARBARA MILON	77,250.		4,453.	81,703.
A. Program Services	20,858.		1,203.	22,061.
B. Management and General	19,313.		1,113.	20,426.
C. Fundraising	37,079.		2,137.	39,216.
Total Program Services				22,061.
Total Management and General				20,426.
Total Fundraising				39,216.
Total Officer, etc., Compensation included on Parts V-A and V-B				81,703.

Form 990	Statement of Program Service Accomplishments	Statement	4
----------	--	-----------	---

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 2005 WERE 180.

	Grants	Expenses
To Form 990, Part III, line a		177,163.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	5
----------	--	-----------	---

Explanation

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

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

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 40.00	77,250.	0. 4,453.
MATT CLARK 210 2ND STREET NORTH #502 MINNEAPOLIS, MN 55401	BOARD CHAIR 0.00	0.	0. 0.
WILLIE DANIELS 3037 CEDAR AVENUE SOUTH #2 MINNEAPOLIS, MN 55407-1805	BOARD CHAIR 0.00	0.	0. 0.
DAN MCLEAN 17047 77TH AVENUE NORTH MAPLE GROVE, MN 55311	BOARD CHAIR 0.00	0.	0. 0.
DELORES RATLIFF 590 LYN PARK LANE NORTH MINNEAPOLIS, MN 55411	BOARD TREASURER 0.00	0.	0. 0.
HENRY WESLEY 5680 EAST RIVER ROAD #308 FRIDLEY, MN 55432	BOARD VICE CHAIR 0.00	0.	0. 0.
MARION MCELROY 5157 15TH AVE S MINNEAPOLIS, MN 55417	BOARD MEMBER 0.00	0.	0. 0.
BERTHA SMITH 730 VINCENT AVE N MINNEAPOLIS, MN 55411	BOARD MEMBER 0.00	0.	0. 0.
SHARON PETERS-HARDEN 8552 ADAIR CIRCLE BROOKLYN PARK, MN 55443	BOARD MEMBER 0.00	0.	0. 0.
REV. WILLIAM WATSON 3801 FIRST AVE S MINNEAPOLIS, MN 55409	BOARD MEMBER 0.00	0.	0. 0.
ERIN REIN 103 W ISLAND AVE MINNEAPOLIS, MN 55401	BOARD MEMBER 0.00	0.	0. 0.

PHYLLIS WHEATLEY COMMUNITY CENTER INC.

41-0706132

JUANITA WILLIAMS 64 WENTWORTH CT W MINNEAPOLIS, MN 55419	BOARD MEMBER 0.00	0.	0.	0.
MICHELLE KLEMZ 13599 EMBRY WAY APPLE VALLEY, MN 55124	BOARD MEMBER 0.00	0.	0.	0.
Totals Included on Form 990, Part V-A		77,250.	0.	4,453.

Schedule A	Other Income	Statement	7
------------	--------------	-----------	---

Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount
OTHER INCOME	6,507.	47,144.	5,979.	16,012.
Total to Schedule A, line 22	6,507.	47,144.	5,979.	16,012.

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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	PHYLLIS WHEATLEY COMMUNITY CENTER INC.	41-0706132
	Number, street, and room or suite no. If a P.O. box, 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):

- | | | |
|--|---|------------------------------------|
| <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 (sec. 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 |

- The books are in the care of ► **BARBARA MILON**
Telephone No. ► **612-374-4342** FAX No. ► _____
- 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-months for a **Form 990-T corporation**) extension of time until August 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2005 or
► ☐ tax year beginning _____, and ending _____
- 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 \$ _____
- 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 \$ _____
- 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 \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2004)