

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **5/01/05**, and ending **4/30/06****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**AMERICAN CLASSICAL LEAGUE**

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

MIAMI UNIVERSITY, 422 WELLS MILLS D

Room/suite

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

OXFORD**OH 45056****D** Employer identification no.**31-0555960****E** Telephone number**513-529-7741****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ **WWW.ACLCLASSICS.ORG & NJCL.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 ▶ **1,277,614****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a		47,561	
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 47,561 noncash \$)	1d			47,561
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			872,833
3	Membership dues and assessments	3			252,174
4	Interest on savings and temporary cash investments	4			25,311
5	Dividends and interest from securities	5			3,439
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ SEE STATEMENT 2)	7			65,696
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	2,339	
b	Less cost or other basis and sales expenses	(B) Other	8b		
c	Gain or (loss) (attach schedule)	8c		2,339	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			2,339
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1)	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			8,261
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,277,614
13	Program services (from line 44, column (B))	13			982,879
14	Management and general (from line 44, column (C))	14			78,564
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17			1,061,443
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			216,171
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,384,073
20	Other changes in net assets or fund balances (attach explanation)	20			301,866
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1,902,110

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. (See the instructions.)

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) STMT 5 (cash \$ 43,802 non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22	43,802	43,802		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	56,750	28,375	28,375	
26	Other salaries and wages	26	94,134	92,804	1,330	
27	Pension plan contributions	27				
28	Other employee benefits	28	48,260	38,759	9,501	
29	Payroll taxes	29	13,459	10,809	2,650	
30	Professional fundraising fees	30				
31	Accounting fees	31	760		760	
32	Legal fees	32				
33	Supplies	33	4,718	3,789	929	
34	Telephone	34	352		352	
35	Postage and shipping	35	21,577	21,577		
36	Occupancy	36	10,920	8,770	2,150	
37	Equipment rental and maintenance	37	9,337		9,337	
38	Printing and publications	38	83,106	83,106		
39	Travel	39	27,987	22,645	5,342	
40	Conferences, conventions, and meetings	40	499,695	499,695		
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	3,128	0	3,128	
43	Other expenses not covered above (itemize)					
a	SEE STATEMENT 6	43a	143,458	128,748	14,710	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,061,443	982,879	78,564	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 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?

► **TO FURTHER THE STUDY OF THE CLASSICS IN THE U.S.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 7

(Grants and allocations \$ **43,802**)

If this amount includes foreign grants, check here ► ☐

982,879

b

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

982,879

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	966,264	45	157,705
	46 Savings and temporary cash investments		46	845,435
	47a Accounts receivable	47a 1,904		
	b Less allowance for doubtful accounts	47b	47c	1,904
	48a Pledges receivable	48a 35,000		
	b Less allowance for doubtful accounts	48b	48c	35,000
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	66,379	52	83,212
	53 Prepaid expenses and deferred charges		53	9,530
	54 Investments-securities SEE STATEMENT 8 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	502,779	54	652,731
	55a Investments-land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments-other (attach schedule)	SEE STMT 9	56	524,502	
57a Land, buildings, and equipment basis	57a 54,561			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 10	57b 45,368	57c	9,193	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	1,546,029	59	2,319,212	
Liabilities	60 Accounts payable and accrued expenses	6,793	60	6,811
	61 Grants payable		61	
	62 Deferred revenue SEE STATEMENT 11	155,163	62	410,291
	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	161,956	66	417,102
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	1,384,073	67	1,180,994
	68 Temporarily restricted		68	196,614
	69 Permanently restricted		69	524,502
	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)	1,384,073	73	1,902,110
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,546,029	74	2,319,212	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,979,831
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	60,892	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4	SEE STMT 12 641,325	
	Add lines b1 through b4		b	702,217
c	Subtract line b from line a		c	1,277,614
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	1,277,614

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,626,853
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4	SEE STMT 13 565,410	
	Add lines b1 through b4		b	565,410
c	Subtract line b from line a		c	1,061,443
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	1,061,443

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KEN KITCHELL	PRESIDENT 15	0	0	1,800
THOMAS SIENKEWICZ	VICE PRES 15	0	0	1,800
TAMARA BAUER	SECRETARY 3.5	0	0	1,800
KATHY ELIFRITS	TREASURER 12	0	0	1,800
JOHN DUTRA	DIR. TMRC 15	0	0	1,800
MARY ENGLISH	EDITOR, CO 20	0	0	1,800
PAUL PROPERZIO	EDITOR, NEWS 4	0	0	1,800
GERI DUTRA	ADMIN SEC. 40	56,750	0	0
SUSAN MARQUIS	CHAIR NJCL 15	0	0	1,800
PETER HOWARD	DIR. ACL PL. 7	0	0	1,800

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **▶ 10**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b **X****SEE STATEMENT 14**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

75c **X**

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

75d **X****Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the 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?

77 **X**

If "Yes," attach a conformed copy of the changes

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

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 **▶**

SEE STATEMENT 15

and check whether it is ☒ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)

81a

b Did the organization file Form 1120-POL for this year?

81b **X**

Part VI Other Information (continued)

		Yes	No
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?		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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	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.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	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?		
	N/A		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
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		X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year 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 OH		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	10
91a	The books are in care of GERI DUTRA 422 WELLS MILLS DRIVE Located at OXFORD, OH	Telephone no 513-529-7741 ZIP + 4 45056	
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?		
c	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 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 SEE STATEMENT 16					872,833
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					252,174
95 Interest on savings and temporary cash investments			14	25,311	
96 Dividends and interest from securities			14	3,439	
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			14	65,696	
100 Gain or (loss) from sales of assets other than inventory			14	2,339	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADVERTISING					7,165
c DIRECTORY/LABELS					1,050
d GENERAL OFFICE					46
e					
104 Subtotal (add columns (B), (D), and (E))		0		96,785	1,133,268
105 Total (add line 104, columns (B), (D), and (E))					1,230,053

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)
1	SEE STATEMENT 17

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.

Gerri Dutra

Signature of officer

13/14/07

Date

GERI DUTRA ADMINISTRATIVE SECRETARY

Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature

Gami Bergan

Date

3/12/07

Check if
self-
employed ☐

Preparer's SSN or PTIN
(See Gen Instr W)
P00446324

Firm's name (or yours
if self-employed),
address, and ZIP + 4

KIRSCH CPA GROUP, LLC
5020A COLLEGE CORNER PIKE
OXFORD, OH 45056

EIN

51-0442395

Phone

no 513-523-1100

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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 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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ►

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 ►

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 ►

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

Schedule A (Form 990 or 990-EZ) 2005

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)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2a X
2b X
2c X
2d X

SEE STATEMENT 18

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

2e X

- 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 19

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

- 4a** 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** ☐ 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). Check the box that describes the type of supporting organization **▶** ☐ Type 1 ☐ Type 2 ☐ 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** ☐ 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.)	48,496	43,011	7,368	4,520	103,395
16 Membership fees received	252,069	260,921	208,236	214,276	935,502
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	960,529	969,117	286,106	359,678	2,575,430
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	24,644	26,848	22,770	23,030	97,292
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 20	10,502	13,135	7,505	8,840	39,982
23 Total of lines 15 through 22	1,296,240	1,313,032	531,985	610,344	3,751,601
24 Line 23 minus line 17	335,711	343,915	245,879	250,666	1,176,171
25 Enter 1% of line 23	12,962	13,130	5,320	6,103	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	0
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	
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.

(2004)	0	(2003)	0	(2002)	0	(2001)	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 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)	0	(2003)	0	(2002)	0	(2001)	0
--------	---	--------	---	--------	---	--------	---

c Add Amounts from column (e) for lines 15 103,395 16 935,502 17 2,575,430 20 21

d Add Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f 3,751,601

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 96.3409%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 2.5933%

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)

(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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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 page 9 of the 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-														
<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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 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 through c 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 through c h.)

Yes	No	Amount

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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

AMERICAN CLASSICAL LEAGUE

Identifying number

31-0555960

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,693

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	435
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	3,128
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
ACL MEMBERSHIP	\$ 151,345
JCL MEMBERSHIP	100,829
TOTAL	<u>\$ 252,174</u>

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
CHANGE IN BENEFICIAL INTEREST	\$ 65,696
TOTAL	<u>\$ 65,696</u>

Statement 3 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd		Whom Sold		Gain/ -Loss
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec
POSTAL SOFTWARE				PURCHASE	
	4/07/98	4/30/06	\$	\$ 1,595	\$ 1,595
CAPITAL GAINS/LOSSES					
				2,339	2,339
TOTAL			<u>\$ 2,339</u>	<u>\$ 1,595</u>	<u>\$ 1,595</u>

Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENTS	\$ 240,974
UNREALIZED GAINS/LOSSES	60,892
TOTAL	<u>\$ 301,866</u>

Federal Statements

Statement 5 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org		Class of Activity		Date Gif
Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
PHINNEY SCHOLARSHIPS	\$ 4,850	\$	\$		
KNUDSVIG SCHOLARSHIPS	3,900				
O'DONNELL SCHOLARSHIPS	4,160				
NATIONAL GREEK EXAM SCHOLARSHIP	2,000				
KRAFT SCHOLARSHIPS	2,250				
MCKINLAY SCHOLARSHIPS	12,942				
SCHOLARSHIP	13,700				
TOTAL	\$ 43,802	\$ 0	\$ 0		

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
CREDIT CARD FEE	6,337		6,337	
MISC. GENERAL OFFICE	308		308	
INSURANCE	5,255		5,255	
INTERNET	2,809		2,809	
ETC	36,210	36,210		
GREEK EXAM	3,060	3,060		
NCLG	2,900	2,900		
PRESIDENT'S OFFICE	5,130	5,130		
TMRC	66,010	66,010		
MERITA AWARDS	605	605		
OUTREACH	4,154	4,154		
HONOR SOCIETY	8,701	8,701		
PEN PAL	262	262		
REFUNDS	470	470		
CREATIVE WRITING	449	449		
CONTRIBUTIONS	800	800		
ROUNDING	-2	-3	1	
TOTAL	\$ 143,458	\$ 128,748	\$ 14,710	\$ 0

Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

AMERICAN CLASSICAL LEAGUE PROVIDES TEACHING MATERIALS, CONVENTIONS AND OTHER RESOURCES FOR TEACHERS AND STUDENTS OF THE CLASSICS ACROSS THE NATION. THE ORGANIZATION AND ITS MEMBERS MOTIVATE STUDENTS TO STUDY CLASSICAL 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.

JUNIOR CLASSICAL LEAGUE 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 STUDENTS, TEACHERS AND AFFILIATES FOR DISCUSSION, COMPETITIONS, SCHOLARSHIP AWARDS AND OTHER INCENTIVES FOR STUDENTS TO CONTINUE THE STUDY OF CLASSICAL LANGUAGE AND LITERATURE.

Federal Statements

Statement 8 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK INVESTMENTS	502,779		
IDEX FUND		77,769	
KEMPER DREMAN		31,961	
PIONEER FUND		71,432	
PIONEER GROWTH		40,615	
INVESTMENT CO. OF AMERICA		90,846	
VAN KAMPEN		43,846	
MILLER/MUTUAL FUNDS		70,933	
CERTIFICATES OF DEPOSIT		190,865	
AMERICAN EXPRESS FINANCIAL (STOCKS)		34,464	
	<u>502,779</u>	<u>652,731</u>	

Statement 9 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
BENEFICIAL INTEREST IN PERPETUAL TRU	\$	\$ 524,502	
TOTAL	\$ 0	\$ 524,502	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 54,442	\$ 43,835	\$ 54,561	\$ 45,368
TOTAL	<u>\$ 54,442</u>	<u>\$ 43,835</u>	<u>\$ 54,561</u>	<u>\$ 45,368</u>

Statement 11 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 155,163	\$ 410,286
ROUNDING		5
TOTAL	<u>\$ 155,163</u>	<u>\$ 410,291</u>

Federal Statements**Statement 12 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
AUDITED FINANCIALS ARE CONSOLIDATED, TAX RETURN IS NOT	\$ <u>641,325</u>
TOTAL	\$ <u>641,325</u>

Statement 13 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

<u>Description</u>	<u>Amount</u>
AUDITED FINANCIALS ARE CONSOLIDATED, TAX RETURN IS NOT	\$ <u>565,410</u>
TOTAL	\$ <u>565,410</u>

Federal Statements**Statement 14 - Form 990, Part V-A, Line 75b - Related Party Information**

<u>Name</u>		<u>Business Name</u>	<u>Title</u>
<u>Business Name</u>	<u>Title</u>	<u>Relationship</u>	
JOHN DUTRA	OFFICER	HUSBAND AND WIFE	OFFICER

Statement 15 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

<u>Name of related organization(s)</u>	<u>Type</u>
NATIONAL LATIN EXAM	EXEMPT
SENIOR CLASSICAL LEAGUE	EXEMPT
NATIONAL COMMITTEE ON LATIN & GREEK	EXEMPT

Federal Statements

Statement 16 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
ETC		\$		\$	\$ 44,326
INSTITUTE					102,923
GREEK EXAM					7,405
TMRC					139,004
HONOR SOCIETY JCL					26,061
PUBLICATIONS					1,638
CONVENTION RECEIPTS					551,476
TOTAL		\$ 0		\$ 0	\$ 872,833

Statement 17 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	<p>ETC PROVIDES TEACHING MATERIALS AND STUDY PACKETS.</p> <p>THE ORGANIZATION PLANS INSTITUTE WHICH IS AN ANNUAL CONVENTION FOR ALL ACL MEMBERS TO EXCHANGE IDEAS.</p> <p>GREEK EXAM IS ADMINSTERED TO PROMOTE GREEK LANGUAGE.</p> <p>TMRC-TEACHING MATERIALS RESOURCE CENTER IS A WAREHOUSE OF BOOKS AND STUDY GUIDES TO HELP TEACHERS OF LATIN AND GREEK</p> <p>HONOR SOCIETY RECOGNIZES MEMBERS ACHIEVING OUTSTANDING ACADEMIC SUCCESS IN THEIR CLASSICAL STUDIES.</p> <p>PUBLICATIONS PROVIDE INFORMATION RELATED TO THE CLASSICS TO ITS MEMBERS. THEY INCLUDE NEWLETTERS, TORCH AND CLASSICAL OUTLOOK.</p> <p>JCL PLANS AN ANNUAL CONVENTION FOR ITS MEMBERS.</p>
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.
103B	BY CARRYING RELATED ADVERTISING IN THE ACL JOURNAL "CLASSICAL OUTLOOK", ACL PROVIDES MEMBERS WITH SOURCES AND RESOURCES FOR BOOKS, TEXTBOOKS, DICTIONARIES, PUBLICATIONS ON LATIN AND GREEK WHICH ACL AND JCL ARE UNABLE TO PROVIDE.

Federal Statements**Statement 18 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp****Description**

ADMINISTRATIVE SECRETARY IS A PAID EMPLOYEE. ALL OFFICERS EXCEPT THE ADMINISTRATIVE SECRETARY ARE GIVEN AN \$1,800 EXPENSE ALLOWANCE.

Statement 19 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications**Description**

SCHOLARSHIPS ARE PROVIDED TO MEMBERS WHO ARE ENGAGED IN THE STUDY OF CLASSICS.

Federal Statements**Statement 20 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
	\$ <u>10,502</u>	\$ <u>13,135</u>	\$ <u>7,505</u>	\$ <u>8,840</u>
TOTAL	\$ <u>10,502</u>	\$ <u>13,135</u>	\$ <u>7,505</u>	\$ <u>8,840</u>

SCHOLARSHIP RECIPIENTS

ADAMS, ERIC 1140 WOODRIDGE LANE WATKINSVILLE, GA 30677	256-47-1096	750.00
BACHE, ELIZABETH 421 LINCOLN AVENUE AVON-BY-THE-SEA, NJ 07717	157-76-5474	619.40
BEREZOVSKA, MARIYA 715 E. SEVENTH ST. APT 304 BETHLEHEM, PA 18015	111-88-0714	750.00
BEHRENSMEYER, MATTHEW 408 S LOCUST ST UB 5396 GREENCASTLE, IN 46135	270-88-3682	750.00
BHATIA, NAVIN 751 BOEHMS COURT GREAT FALLS, VA 22066	229-49-2343	1000.00
BRADDOCK, ABIGAIL 7886 CLOVERBROOK LN GERMANTOWN, TN 38138	413-33-7572	750.00
DUBIS, MARK 119 GLEN DILLON DR JACKSON, TN 38305	250-31-4455	750.00
FOGE, GIGI 1655 JASMINE AVE NEW HYDE PARK, NY 11040	074-60-1192	750.00
HEINCK, ELEANORA 3334 MANTILLA DRIVE LEXINGTON, KY 40513	407-31-4632	1000.00
HEINTZELMAN, ELIZABETH 9500 W PARMER LN, #613 AUSTIN, TX 78717	641-05-5256	750.00
HOLIDAY, GAIL 1450 S HIAWASSEE RD, #95 ORLANDO, FL 32835	392-86-2681	455.00
ICE, JENNIFER 1015 E MONROE MEXICO, MO 65265	499-92-2569	750.00

JACOBS, MICHAEL 811 WOODLAND AVENUE WINCHESTER, VA 22601	230-41-9764	1500.00
KIM, PHILIP 254 CONCORD AVE CAMBRIDGE, MA 02138	620-26-9488	1000.00
KOLTYPIN, ANNA 251 FIRST AVENUE STRATFORD, CT 06615	046-54-8916	750.00
KRAMER-BRYK, MIMI 467 CENTRAL PARK WEST, APT. 5C NEW YORK, NY 10025	133-46-0267	750.00
LACEY, LINDA J 200 PARK TERRACE DR, UNIT 247 STONEHAM, MA 02180	027-44-2390	982.80
LANTRIP, JENNIFER 4224 HERITAGE OAKS CIRCLE BIRMINGHAM, AL 35242	422-33-2213	1200.00
LATOUSEK, ROBERT 407 N BREARLY ST MADISON, WI 53703	349-46-8363	1500.00
Le DANG, THUY 78 AVE LOUIS PASTEUR BOSTON, MA 02115	032-60-0674	750.00
MADDEN, SHERRI 3214 WILSON DR CHARLOTTE, NC 28270	411-19-8185	1500.00
McCORMICK, JOHN 1 PEBBLE ST, APT B NORTH ADAMS, MA 01247	036 -34-6619	1500.00
McDANIEL, KEVIN 250 LITTLE ST, APT. B307 ATHENS, GA 30605	289-78-1030	750.00
McDONALD, JOHN 505 RIVERBEND PARKWAY, APT 127	667-24-9338	750.00

ATHENS, GA 30605

MULLER, KURT 17606 COLLEGE RD HAGERSTOWN, MD 21740	200-44-9596	1500.00
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O'BRYAN, MELISSA 2501 HAMPTON AVE ALLISON PARK, PA 15101	171-70-4657	750.00
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PEROTTA, JOHN 6312 MARTINS TERRACE LANHAM, MD 20706	215-50-3038	1500.00
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PHAM, HARRIS 9171 SABRE LANE WESTMINSTER, CA 92683	611-58-7078	1000.00
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POMERANZ, MICHAEL 5356 N MAGNOLIA CHICAGO, IL 60640	340-78-5702	2000.00
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PURCELL, CAITLIN 204 TOWNE VALLEY CT ANTIOCH, TN 37013	018-68-4168	1000.00
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RIST, ANDREW 5004 FLAMING OAK CIR AUSTIN, TX 78749	630-72-3678	3000.00
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ROBIE, LUCY 733 BERKLEY DR FORTVILLE, IN 46040	342-48-5445	1500.00
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SCHNEIDER, JENNIFER 7260 RITA LANE CINCINNATI, OH 45243	295-82-4795	750.00
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SKELTON, CHRISTINA M 10509 GLASS MOUNTAIN TR AUSTIN, TX 78750	635-12-2938	1000.00
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STAKENAS, DEBORAH 4759 MEADOW LAKE DR KENTWOOD, MI 49512	376-60-6050	750.00
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STEHLE, ANDREA	453-53-7107	750.00
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1905 PARK AVE
VICTORIA, TX 77901

SULLIVAN, WILLIAM P 1913 BELFIELD ROAD ALEXANDRIA, VA 22307	230-43-2902	1000.00
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TRASK, MEGHAN 55 VINE ROAD STAMFORD, CT 06905	002-82-7244	575.00
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TURNER, STEPHEN 853 CHERRY ST APT 4 MACON, GA 31201	149-80-9807	750.00
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VASTARDIS, ALEXANDRA MARIA 40 E BARN SWALLOW ROAD LAKE FOREST, IL 60045	354-72-4885	750.00
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VILLARREAL, CHRISTINA McGUIRE 1542 S CAMAC STREET PHILADELPHIA, PA 19147	181-68-9966	750.00
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ZAMMIT, JULIA 5754 MICHAELSON DR OLIVE BRANCH, MS 38654	248-80-7987	385.00
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ZEINER, VANESSA 9610 NORMANTON WAY MANASSAS, VA 20110	229-19-7774	350.00
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ZELLER, KAREN 930 T COURT COTTAGE GROVE, OR 97424	359-60-1255	750.00
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• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	AMERICAN CLASSICAL LEAGUE	31-0555960
	Number, street, and room or suite no. If a P.O. box, see instructions. MIAMI UNIVERSITY, 422 WELLS MILLS D	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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 (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

• The books are in the care of **GERI DUTRA**

Telephone No **513-529-7741**

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 is for

4 I request an additional 3-month extension of time until **3/15/07**.

5 For calendar year ☐, or other tax year beginning **5/01/05**, and ending **4/30/06**.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$

Signature and Verification

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

Signature Title Date

Notice to Applicant-To Be Completed by the IRS

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

By Date

Director

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

Type or print	Name KIRSCH LUDWIN CPA GROUP, LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 5020A COLLEGE CORNER PIKE
	City or town, province or state, and country (including postal or ZIP code) OXFORD OH 45056