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 2006 Open to Public Inspection

Α	For the	e 2006 cale	ndar year, or	tax year begi	inning 5/0	1/06 , and e	nding 4	/30/07	<u>'</u>				
В	Check if	fapplicable	Please C	Name of organ	ization					D		identification r	
Ш	Address	change	use IRS label or							ļ	<u>31-0</u>	<u>555960</u>	·
	Name ch	hange	print or	AMERIC	AN CLASS	SICAL LEA	GUE	········		E	•	ne number	
ī	Initial ret	turn	type.		•	mail is not delivered		•	Room/suite		<u>513-</u>	<u>529-77</u>	41
Η	muarre	turri	See Specific	MIAMI	UNIVERS1	TY, 422 1	WELLS 1	MILLS	D	트	Accountin	ng method:	Cash
\Box	Final ret	turn	Instruc-	City or town, st	ate or country, and					X	Accrual	Other (specify)
	Amende	ed return	tions.	OXFORD	1	OI	H 45056	<u>6</u>		•			
\Box	Applicati	tion pending				47(a)(1) nonexemp		H and are	not applicable to sec	tion 52	7 organiza	itions I	_
_	• •	, , , , ,	trusts n	nust attach a c	ompleted Sched	ule A (Form 990 or	990-EZ).	H(a) is	his a group retum foi	r affiliat	es?	Yes	X No
<u>G</u>	Websit	te: 🕨 WW	W.ACLCLA	SSICS.OR	G & NJCL.	ORG		H(b) If"	Yes," enter number o	f affilia	tes 🕨		
J	Organi	ization type						H(c) Are	all affiliates included	1 ?		Yes	☐ No
	(check	only one)	► X 501(d	c) (3) <	◀ (insert no)	4947(a)(1) o	r 7 527	(tf •	No," attach a list See ins	structions	s)		_
ĸ	Check h	ere 🕨 🗍	of the organi	zation is not a 50	19/a)/3) sunnortino	organization and its	arnes	H(d) is t	his a separate return	filed b	y an		
•		<u> </u>	_		- · · · · ·	it if the organization of	-	org	anization covered by	a grou	ip ruling?	Yes	X No
					ris not required, bt	it ii tile organization t	.1100363	I Gr	oup Exemption N	umber	•		
	to me a i	return, be sure	e to file a compl					M Ch	eck 🕨 🗶 if th	e orga	anization	ıs not requir	ed
L	Gross r	receipts Ad	d lines 6b. 8b	o, 9b, and 10b	to line 12	1,3	337,248		attach Sch B (Fo				
	art I					Net Assets o							
	1				r amounts recei		 						
	а			advised funds				1a					
	b			ot included on	line 1a)			1b	8,81	3			
	C	•	,	not included or	•		-	1c		ᅴ			
	1 .	·			ot included on lir	o 10)	-	1d		┥			
	d			,,		0 010		ıu		\dashv ,		٥	012
	e e	•		ugh 1d) (cash		•	oncash \$ _				e	1,006	,813
	(22	_		• •	overnment tees a	and contracts (fror		•	DACENTO 1		2		
	\triangleright^3	Membersh	ip dues and a	assessments			SEE	STAT	EMENT 1	_3			,032
	≥4	Interest on	savings and	temporary cas	sh investments					14			<u>,629</u>
	Z 5 ∏6a	Dividends	and interest f	from securities	:		ı			5	<u>i</u>	14	,051
	TI6a	Gross rent	s				_	6a		_			
	Οb	Less renta	al expenses					6b			1		
	NO ₇	Net rental	income or (lo:	ss) Subtract li	ine 6b from line	6a				6	c		
•	2 7	Other inve	stment incom	ne (describe 🕨)			7	,		
Revenue	∼ 8a	Gross amo	ount from sale	es of assets oth	her	(A) Secu	inties		(B) Other				
š	0	than inven	tory				Ī	8a					
ď	2 6	Less cost	or other basis	s and sales ex	penses			8b		7			
	E.c		ss) (attach so		•			8c		\neg			
	ď	,		•	olumns (A) and (B)				⊣ թ	۸ I		
	9	_				amount is from ga	mina check	here ►	1	—— <u>—</u>			
	1			_	chedule, if any	_	illing, check	Tiele P	J		į		
	a		enue (not incli			of	1	ا ۔م					
	١.		ns reported o	•		_	H	9a		\dashv	- 1		
	b		•		raising expense		L	9b		\dashv \Box			
	C	_		•		9b from line 9a	1	(9	<u>c </u>		
	10a		-	•	and allowances		<u> </u>	10a	_	_			
	b		of goods sold				_	10Ь		_			
	C	Gross prof	it or (loss) fro	m sales of inve	entory (attach so	chedule) Subtract				10	<u>c </u>		
	11	Other reve	nue (from Pa	rt VII, line 103))		- } F	RECEIV	/FD	1	1		,305
	12	Total reve	nue. Add line	s 1e, 2, 3, 4, 5	5, 6c, 7, 8d, 9c, 1	l0c, and 11	J			1:	2	1,337	
	13	Program s	ervices (from	line 44, colum	ın (B))) <u>17</u> N	ΩU . = .	7,2/		3	1,230	
Expenses	14	Manageme	ent and gener	al (from line 4	4, column (C))		101 N	OV 052	007 OSO-SI	1.	4	104	,210
ĕ	15	Fundraisin	g (from line 4	4, column (D)))					1	5		
EXE	16		• .	ttach schedule	•		1 0	GDEN,		1			
_	17	=	•	nes 16 and 44,	•			CULIV,	01	1		1,334	,575
ts	18				ict line 17 from li	ne 12	, ,,			18			,673
Se	19		•	-		ı lıne 73, column ((A))			1		1,902	
Net Assets	20			=	alances (attach			STAT	EMENT 2	2			,700
Ne	21		_		,	ines 18, 19, and 2		- J.A.		2		1,980	
For	Privacy	y Act and P			Notice, see the			**************************************			<u>. </u>	Form 99	
ins(truction	ıs.	-		-	-				10	0.11	FUIII JJ	₩ (2000)

F		tatement of	. .				D) are required for section	
		unctional Expenses		ia secii	on 4947(a)(1) nonexen		t optional for others (Se	e the instructions)
		clude amounts repor			(A) Total	(B) Program	(C) Management and general	(D) Fundraising
_		3b, 9b, 10b, or 16 of				services	and general	
228	•	om donor advised funds (at	ttach schedule)				ĺ	
	(cash \$	non- cash \$		_				
		includes foreign grants, che	STMT 3	22a				
221	-	l allocations (attach schedule) 52,286 non- cash \$	21M1 2					
		includes foreign grants, ch	ack hore	22b	52,286	52,286		
22		ance to individuals (attach	eck liefe P	220	32,200	32,200		
23	schedule)	ance to individuals (attach		23				
24	•	o or for members (attach		23				
24	schedule)	o or for members (attach		24				
25:	•	of current officers, directo	re	 -				
250	•	s, etc listed in Part V-A (at						
	schedule)	SEE STATE		25a	60,922	30,461	30,461	
F	•	of former officers, director		1		00,000		
-	•	s, etc listed in Part V-B (at	•					
	schedule)	5, 0.0 no.00 nr : ar : 2 (ar		25b				
c	•	nd other distributions, not includ	led above, to		, .,			
	•	ons (as defined under section 4						
	•	ed in section 4958(c)(3)(B) (atta	*** **	25c				
26		vages of employees not inc						
	on lines 25a, b			26	98,639	97,961	678	_
27	Pension plan o	contributions not included o	on					
	lines 25a, b, a	nd c		27				
28	Employee ben	efits not included on lines						
	25a – 27			28	48,359	38,919	9,440	
29	Payroll taxes			29	16,472	13,257	3,215	
30	Professional fu	undraising fees		30				
31	Accounting fee	es		31	19,185		19,185	
32	Legal fees			32				
33	Supplies			33	6,166	3,386	2,780	
34	Telephone			34	355		355	
35	Postage and s	hipping		35	17,503	17,503		
	Occupancy			36	10,920	8,788	2,132	
37	Equipment ren	ntal and maintenance		37	10,077		10,077	
38	Printing and pi	ublications		38	82,757	82,757	4 446	
	Travel			39	23,258	18,812	4,446	
40	Conferences,	conventions, and meetings		40	716,215	716,215	-	
	Interest			41	2 001		2 001	
		depletion, etc (attach sche		42	3,091	0	3,091	
		es not covered above (item	ıze)		168,370	150,020	18,350	
a		ATEMENT 5		43a	100,370	150,020	10,330	
t				43b				
0				43c				
c]			43d				
6	;			43e				·
1	_			43f			-	
44		nal expenses. Add lines 22	lo.	43g	_		-	
		Organizations completing	.a					
	,	D), carry these totals to line	ıs.					
	13-15)	,, Jan , widoo totalo to mie	. -	44	1,334.575	1,230,365	104,210	(
		ck ▶ ☐ If you are follow	ng SOP 98-2		_,,_	, ,		
		from a combined education		fundrai	sing solicitation reporte	d ın (B) Program servi	ces?	Yes X No
		aggregate amount of these joint	_		-	nt allocated to Program sei		
		ated to Management and general				nt allocated to Fundraising		
		<u> </u>						

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.

oro	grams and accomplishme	nts						
All of c	organizations must descril clients served, publications anizations and 4947(a)(1)	HE STUDY De their exempt p I issued, etc Disc nonexempt char	OF THE urpose achieve cuss achieveme	ments in a clea ints that are not	S IN THE U.S. r and concise manner State measurable (Section 501(c) amount of grants and alloca	(3) and (4)		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	SEE STATEME	NT 6						
	(Grants and allocations	\$	52,286)	If this amount includes fore	ign grants, check here	> []	1,230,365
b								
	(Grants and allocations	\$)	If this amount includes fore	ign grants, check here	> [
С								
	(Grants and allocations	\$)	If this amount includes fore	ign grants, check here	> _	<u> </u>
d								
	(Grants and allocations	\$)	If this amount includes fore	ign grants, check here	> _	
е	Other program services (`	If the managed confirmed a form		⊾ □	
f	(Grants and allocations Total of Program Service	S Evnenses (sho	uld equal line 4) A column (B) I	If this amount includes fore	ign grants, check here		1,230,365
÷	Total of Frogram Service	C Expenses (Sile	and equal line 4	, Joidinii (D), i	Togram sorvices/			Form 990 (2006)

P	art IV	Balance Sneets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the c	lescription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			157,705	45	245,688
	46	Savings and temporary cash investments			845,435	46	684,432
			1	4 000			
	47a	Accounts receivable	47a	4,209	1 004		4 000
	b	Less allowance for doubtful accounts	47b		1,904	47c	4,209
	40.	Diodaga rasawahla	48a				
	48a b	Pledges receivable Less allowance for doubtful accounts	48b		35,000	48c	
	49	Grants receivable	400	<u> </u>	20,000	49	<u> </u>
	50a	Receivables from current and former officers, directors,	, truste	es, and	•		 .
		key employees (attach schedule)	,			50a	
	ь	Receivables from other disqualified persons (as defined	d under	section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att_schedu	ıle)			50b	
	51a	Other notes and loans receivable (attach					
s		schedule)	51a				
Assets	b	Less allowance for doubtful accounts	51b		00.010	51c	50.600
Ÿ	52	Inventories for sale or use		-	83,212	52	79,683
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded SEE STATEMENT	7	.	9,530	53	43,456 786,709
	Ь	Investments—publicly-traded securities SEE STATEMENT Investments—other securities	7	Cost FMV	652,731	54a	786,709
		(attach schedule)		Cost FMV		54b	
	55a	Investments-land, buildings, and equipment basis	55a				
	Ь	Less accumulated depreciation (attach	1000				
	_	schedule)	55b			55c	
	56	Investments-other (attach schedule)	·	SEE STMT 8	524,502	56	571,051
	57a	Land, buildings, and equipment basis	57a	[55,390		***********	
	b	Less accumulated depreciation (attach					
		schedule) SEE STATEMENT 9	57b	48,459	9,193	57c	6,931
	58	Other assets, including program-related investments					
		(describe) [0 010 010	58	0 400 150
	59	Total assets (must equal line 74) Add lines 45 through	58		2,319,212	59	2,422,159
	60	Accounts payable and accrued expenses		}	6,811	60	5,020
	61 62	Grants payable Deferred revenue	ZE S	TATEMENT 10	410,291	61 62	436,656
	63	Loans from officers, directors, trustees, and key employ		-	410,231	02	430,030
ities	"	schedule)	/cc3 (a	illacii		63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		Ţ		64a	
Ë	ь	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe) [65	
	66_	Total liabilities. Add lines 60 through 65			417,102	66	441,676
	Orga		nd com	plete lines			
		67 through 69 and lines 73 and 74			1 100 004		1,225,743
ces	67	Unrestricted			1,180,994 196,614	67 68	183,689
ılan	68 69	Temporarily restricted Permanently restricted		-	524,502	69	571,051
1 Ba		nizations that do not follow SFAS 117, check here	▶ □	and	324,302	- 03	3,1,031
Net Assets or Fund Balances	J. 9a	complete lines 70 through 74	Ш	uu			
or F	70	Capital stock, trust principal, or current funds				70	
ets	71	Paid-in or capital surplus, or land, building, and equipme	ent fun	d T		71	
4SS	72	Retained earnings, endowment, accumulated income, of				72	
let /	73	Total net assets or fund balances (add lines 67 through	gh 69 o	r lines			
~		70 through 72 (Column (A) must equal line 19 and colu	umn (B) must			
		equal line 21)	Ļ	1,902,110	73	1,980,483	
	74	Total liabilities and net assets/fund balances. Add lin	es 66 a	and 73	2,319,212	74	2,422,159

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) Contributions to employee benefit plans & deterred compensation plans	(E) Expense account and other allowances
SHERWIN LITTLE	PRESIDENT			
	15	0	0	1,800
THOMAS SIENKEWICZ	VICE PRES			
	15	0	0	1,800
SALLY HATCHER	SECRETARY	!		
	3.5	o	0	1,800
KATHY ELIFRITS	TREASURER	:		
	12	0	0	1,800
JOHN DUTRA	DIR. TMRC			
	15	0	0	1,800
MARY ENGLISH	EDITOR, CO			ŀ
	20	0	0	1,800
PAUL PROPERZIO	EDITOR, NEWS			
	4	o	0	1,800
GERI DUTRA	ADMIN SEC.			
	40	60,922	0	<u> </u>
MARTHA ALTIERI	CHAIR NJCL			
	15	0	0	1,800
PETER HOWARD	DIR. ACL PL.			
	1 7	o	0	1,800

1,334,575

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d

Form	990 (2006)	AMERICAN CLASSICAL I	EAGUE	31-055	<u>5960</u>			F	age 6
Pa	rt V-A	Current Officers, Directors, Trus	tees, and Key Emp	oloyees (continu	ed)			Yes	No
75a	Enter the to	otal number of officers, directors, and trustee	s permitted to vote on org						
	meetings			▶ 1					
Ь	•	ficers, directors, trustees, or key employees li			nsated				
		s listed in Schedule A, Part I, or highest comp	•	•					
		s listed in Schedule A, Part II-A or II-B, related	· ·	•				v	•
	relationship	ps? If "Yes," attach a statement that identifies	the individuals and expla	• •	·	EMENT 13	75b	X	<u> </u>
_	Do ony offi	cers, directors, trustees, or key employees lis	tod in Form 000 Port V	-	EE SIAI	EMERI IS			
С	•	ted employees listed in Schedule A, Part I, or		-					
		nt contractors listed in Schedule A, Part II-A o							
		ons, whether tax exempt or taxable, that are re	•	-	s for				
	•	on of "related organization"	siated to the organization		0 101		75c		x
		tach a statement that includes the information	described in the instruct	าเกตร			7.00		
а	•	organization have a written conflict of interest					75d	Ì	x
	rt V-B	Former Officers, Directors, Trus		lovees That Red	eived Com	pensation or O		Bene	
		(If any former officer, director, trustee, or ke		•		•			
		person below and enter the amount of com	• • •		-		•		
				(5)		(D) Contributions to emplo		E) Expe	
		(A) Name and address		(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		ount and allowan	
N/A					1				
						· · · · · · · · · · · · · · · · · · ·			
							Ì		
							_		
			 						
	rt VI	Other Information (See the instru						Yes	No
76	_	panization make a change in its activities or m	ethods of conducting act	ıvıtıes? If "Yes," attac	h a				.,
		atement of each change					76		X
77	-	changes made in the organizing or governing	documents but not report	ted to the IRS?			77		X
		tach a conformed copy of the changes							
78a	•	panization have unrelated business gross inco	ome of \$1,000 or more du	uring the year covered	d by				
	this return?		_				78a		X
		is it filed a tax return on Form 990-T for this y					78b		
79		a liquidation, dissolution, termination, or subs	tantial contraction during	the year? If "Yes," a	ttach				. ,
	a statemen						79		X
80a	-	nization related (other than by association with		,	ugh				
		nembership, governing bodies, trustees, office	ers, etc , to any other exe	mpt or nonexempt				.	f
L	organizatio		SEE STATEM	רביאותי 1 <i>ו</i>			80a	X	-
b	ır "res," en	iter the name of the organization							
04 -	Enter des	A and indicate political access to the 100 to		whether it is X ex	ı · ı —	nonexempt			
81a		t and indirect political expenditures (See line	or instructions)		81a	<u></u> .	046		х
<u> </u>	טוט נוופ org	anization file Form 1120-POL for this year?		 			81b	000	(2006)

	1 990 (2006) AMERICAN CLASSICAL LEAGUE 31-0555960			age /
P	art 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?	82a	ļ	X
b				
	amount as revenue in Part I or as an expense in Part II			
	(See instructions in Part III) 82b	┨	v	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to guid pro guo contributions? N/A	83a	X	├─
b		83b		x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	0.45	1	•
0.5		84b 85a	 	\vdash
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	_	
b	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	830		\vdash
	received a waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities]		
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)]		
88a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		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			
Ь	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	89ь		X
С	Enter Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization			
d e	Enter Amount of tax on line 89c, above, reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
e	transaction?	89e		x
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	00.		
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			ĺ
	at any time during the year?	89g		х
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, 2006 (See			
	instructions)			10
91a	The books are in care of ▶ GERI DUTRA Telephone no. ▶ 513	-529	-77	41
	422 WELLS MILLS DRIVE			
	Located at ▶ OXFORD, OH 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		Yes	No
	account)?	91b		X
	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			i

Form	990 (200	6) AMERICAN CLASSIC	AL LEAGUE	E	31-05	55960			Page 8
	ırt VI							Ye	
c	At any ti	me during the calendar year, did the org		n an office ou	tside of the United S	itates?		91c	X
	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 ente	er the amount of tax-exempt interest rec	eived or accrued of	during the tax	year		▶ 92		
Pa	ırt VII	Analysis of Income-Produ	cing Activities	(See the	instructions.)				
Note	: Enter gr	oss amounts unless otherwise		Unrelate	d business income	Excluded	by section 512, 513, or 514	(E) Related	
ındıcı	ated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related exempt fur	
93	Program	service revenue	['	Business code	Amount	code	Amount	incom	
а	SEE	STATEMENT 15	[1,006	,418
b									
С									
d		·	li l						
е									
f	Medicar	e/Medicaid payments							
g	Fees an	d contracts from government agencies							
94	Member	ship dues and assessments	Ĺ					243	,032
95	Interest	on savings and temporary cash investm	nents			14	54,629		
96	Dividend	ds and interest from securities				14	14,051		
97	Net rent	al income or (loss) from real estate							
а	debt-fina	anced property							
b	not debt	-financed property							
98	Net rent	al income or (loss) from personal prope	rty _						
99	Other in	vestment income	L						
100	Gain or	(loss) from sales of assets other than in	ventory						
101	Net inco	me or (loss) from special events							
102	Gross p	rofit or (loss) from sales of inventory	_						
103		venue a							
b		ERTISING							<u>,335</u>
С		ECTORY/LABELS	[1	,940
d	GEN	ERAL OFFICE							30
е									
104	Subtotal	(add columns (B), (D), and (E))	L			0	68,680	1,259	
105	Total (a	dd line 104, columns (B), (D), and (E))					-	1,328	, 435
		plus line 1e, Part I, should equal the a							
Pa	art VIII	Relationship of Activities	to the Accomp	<u>olishment</u>	of Exempt Pur	poses (Se	ee the instructions	<u>s.)</u>	
Li	ine No.	Explain how each activity for which	income is reported	d in column (f	E) of Part VII contrib	uted importa	intly to the accomplishing	nent	
		of the organization's exempt purpor	ses (other than by	providing fun	ds for such purpose	s)			
		SEE STATEMENT 16			. 				
									
		<u></u>			 				
Pa	art IX	Information Regarding Tax (A)		aries and I	Disregarded En (C)	itities (Se		.) (E)	
١	Name, add	dress, and EIN of corporation,	(B) Percentage of	N	lature of activities		(D) Total income	End-of-ye	
			ownership interest					assets	
	N/A	-		%					
				%		+_			
				%					
				%	Danie : -1 D	## C = 1			
	irt X	Information Regarding Tra							v
-	-	e organization, during the year, receive		-	· ·	-	penetit contract?	\blacksquare	X No
		e organization, during the year, pay pre	•		a personal benefit c	ontract?		∐ Yes	X No
	vote: If "Y	es" to (b), file Form 8870 and Form 472	zo (see instruction:	s)			 -	Form QC	30 (2006)

GROUP,

45056

5020A COLLEGE CORNER PIKE

OH

OXFORD,

LLC

Form 990 (2006)

P00446324

513-523-1100

51-0442395

self-

employed

EIN

10/31/07

Paid

Preparer's

Use Only

signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

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

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

Employer identification number Name of the organization 31-0555960 AMERICAN CLASSICAL LEAGUE Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more account & other empl ben plans (c) Comp than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 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 Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (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 Schedule A (Form 990 or 990-EZ) 2006 For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

<u>Scne</u>	edule A (Form 990 or 990-EZ) 2006 AMERICAN CHASSICAL MERGOL 31 0333300			aye z
Pa	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		х
	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)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		x
С	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	SEE STATEMENT 17 Transfer of any part of its income or assets?	2e		х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) SEE STATEMENT 18	3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3ь		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс_		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete		x	
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	 	x
d	Enter the total number of donor advised funds owned at the end of the tax year		0)
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	art l'	V Reason for Non-Private Founda	ation Status (See p	pages 4 through 7	of the instr	ructions.)							
l cer 5	tify th	at the organization is not a private foundation be A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	box)								
6		A school Section 170(b)(1)(A)(II) (Also complete	te Part V)										
7		A hospital or a cooperative hospital service orga	anization Section 170(b)	(1)(A)(III)									
8		A federal, state, or local government or government	nental unit Section 170(l	b)(1)(A)(v)									
9		A medical research organization operated in col	njunction with a hospital	Section 170(b)(1)(A)(III) Enter the h	ospital's name	, city,						
		and state											
10		An organization operated for the benefit of a col (Also complete the Support Schedule in Part IV	•	or operated by a gover	rnmental unit	Section 170(b)(1)(A)(ıv)						
11a		An organization that normally receives a substantial 170(b)(1)(A)(vi). (Also complete the Support Sc	-	om a governmental uni	t or from the ge	eneral public S	ection						
11b	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)												
12	X	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 disc requirements of section 509(a)(3) Check the bo				wise meets the							
		Type I Type II	Type III-Functionally Into	ergrated Typ	e III-Other								
		Provide the following inform	ation about the support	ted organizations. (Se	e page 7 of the	instructions)							
		(a)	(b)	(c)	(d)	(e)						
	i	Name(s) of supported organization(s)	Employer	Type of	Is the su	upported	Amount of						
			identification	1 -		on listed in	support						
			number (EIN)	(described in lines	the supporting								
				5 through 12	_	zation's							
				above or IRC section)	governing	documents?							
					Yes	No No							
	-		<u></u>										
 Tota					L	<u> </u>	-						
14		An organization organized and operated to test	for nublic sofety. Seeting	500(a)(4) (\$00 poor 1	7 of the unstruc	tions \							

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

<u>Note</u>	: You may use the worksheet in the instruc	tions for converting from	n the accrual to the ca	sh method of accounting		
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants. See line 28.)	47,561	48,496	43,011	7,368	146,436
<u>16</u>	Membership fees received	252,174	252,069	260,921	208,236	973,400
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's chantable, etc., purpose	872,833	960,529	969,117	286,106	3,088,585
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			05.040	00 550	100 010
	by the organization after June 30, 1975	28,750	24,644	26,848	22,770	103,012
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 19	8,261	10,502	13,135	7,505	39,403
23	Total of lines 15 through 22	1,209,579		1,313,032	531,985	
24	Line 23 minus line 17	336,746	335,711	343,915	245,879	1,262,251
25	Enter 1% of line 23	12,096	12,962	13,130	5,320	
26	Organizations described on lines 10 or	11: a Enter 2% of a	amount in column (e), l	line 24	▶ 26a	0
b	Prepare a list for your records to show the	name of and amount of	contributed by each pe	rson (other than a		
	governmental unit or publicly supported o	rganization) whose tota	I gifts for 2002 through	2005 exceeded the		
	amount shown in line 26a Do not file this	= :	-		▶ 26b	
c	Total support for section 509(a)(1) test E	nter line 24, column (e)			▶ 26c	
d	Add Amounts from column (e) for lines	18	19			
		22	26b		▶ 26d	
е	Public support (line 26c minus line 26d to	tal)		····	▶ 26e	
f	Public support percentage (line 26e (nu	merator) divided by li	ne 26c (denominator))	▶ 26f	%
27	Organizations described on line 12:	a For amounts includ	ded in lines 15, 16, and	1 17 that were received	from a "disqualified	
	person," prepare a list for your records to	show the name of, and	total amounts received	d in each year from, ea	ch "disqualified person	n .
	Do not file this list with your return. En	ter the sum of such amo	ounts for each year			
	(2005) 0 (2	004)	0 (2003))	0 (2002)	0
b	For any amount included in line 17 that we	as received from each p	person (other than "dis	qualified persons"), pre	pare a list for your reco	ords to
	show the name of, and amount received f	or each year, that was	more than the larger o	f (1) the amount on line	25 for the year or (2)	5,000
	(Include in the list organizations described	d in lines 5 through 11b	, as well as ındıvıduals) Do not file this list v	vith your return. After	computing
	the difference between the amount receiv	ed and the larger amou	int described in (1) or (2), enter the sum of the	ese differences (the exc	ess
	amounts) for each year		_		_	_
	(2005) 0 (2	004)	0 (2003)	•	0 (2002)	0
С	Add Amounts from column (e) for lines		6,436 16	<u>973,400</u>	, ,	
	17 <u>3,088,5</u>	85 20	21		▶ 27c	4,208,421
d	Add Line 27a total	and line 27b	total		▶ 27d	
e	Public support (line 27c total minus line 2	•		. 1 1 -	▶ 27e	4,208,421
f	Total support for section 509(a)(2) test E				,350,836	06 5555
g	Public support percentage (line 27e (nu	•			▶ 27g	96.7267%
<u>h</u>					▶ 27h	2.3676%
28	Unusual Grants: For an organization des			-	·	
	prepare a list for your records to show, for	=			-	
	description of the nature of the grant Do	not file this list with yo	our return. Do not incli	ude these grants in line	15	

Pa	art V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	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		ļ
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?	31		ļ
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	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		
С	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			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	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		
þ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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Page 6

	Part VI-A Lobbying Expend							tructi N/A)	_
Che							_	d "lımıte	ed con	ntrol" provisions apply	
	Limits or	Lobbying Expen	ditures				(a Affiliated tota	d group		(b) To be completed for all electing organizations	
		ures" means amounts					ļ			organizations	_
	Total lobbying expenditures to influence					36					_
	Total lobbying expenditures to influence	-	ct lobbying)			37	 			 	_
	Total lobbying expenditures (add lines 3	6 and 37)				38				 	_
	Other exempt purpose expenditures					39				 	_
	Total exempt purpose expenditures (add	•	4.11			40					
41	Lobbying nontaxable amount Enter the		-								
	If the amount on line 40 is-		ntaxable amount is-		1						
	Not over \$500,000	20% of the amount of		.00							
	Over \$500,000 but not over \$1,000,000	· · · ·	of the excess over \$500,0								
	Over \$1,000,000 but not over \$1,500,000	•	of the excess over \$1,000			41		·			
	Over \$1,500,000 but not over \$17,000,000	• • •	the excess over \$1,500,	JUU							
42	Over \$17,000,000	\$1,000,000		_	J	42	1				
	Grassroots nontaxable amount (enter 25 Subtract line 42 from line 36 Enter -0- if	•	. 26			42					_
						43				 	
44	Subtract line 41 from line 38 Enter -0- if	line 41 is more than iin	e 38			44	<u> </u>			<u> </u>	
	Caution: If there is an amount on other	lino 42 or lino 44 vou r	must file Form 4720								
	Caution: If there is an amount on either		iging Period Und	ter Sec	tio	n 50	1/h\				
	(Some organizatio	ns that made a section	• •				• •	column	e halc	D)W	
	` *	See the instructions for	• •					COlumn	is Deic	744	
		occ the mandatons to	Lobbying Expe					ing Pe	riod		_
	Calendar year (or	(a)	(b)	Ι	(c)	`		(d)		(e)	_
	fiscal year beginning in)	2006	2005		200			2003		Total	
	nsear year beginning in	2000	2000		200	-	- 	-000		Total	_
45	Lobbying nontaxable amount										
	Lobbying ceiling amount (150% of					•••••		**********	************		_
	line 45(e))										
											_
<u>47</u>	Total lobbying expenditures										
48	Grassroots nontaxable amount										
	Grassroots ceiling amount (150% of				• • • • • • • • • • • • • • • • • • • •					-	_
	line 48(e))										
				<u> </u>		**********					_
50	Grassroots lobbying expenditures										
	art VI-B Lobbying Activity	by Nonelecting F	Public Charities	<u> </u>						-	_
				plete P	art	VI-A	A) (See pag	e 13	of th	ne instructions.) N/	A
Dur	ing the year, did the organization attempt						, , <u> </u>				
	empt to influence public opinion on a legis		•		Ŭ	•		Yes	No	Amount	
а											•
b	Paid staff or management (Include coi	npensation in expense	s reported on lines c (hrough h	.)					1	
С	Media advertisements	,	,		•					1	
d		e public									_
е		•									
f	Grants to other organizations for lobby										
g	Direct contact with legislators, their sta	•	s, or a legislative bod	v						<u> </u>	_
h		=	=								_
i	Total lobbying expenditures (Add lines							 			_
•	If "Yes" to any of the above, also attac	• .	detailed description of	f the John	vino	Lactiv	ties				_
_		c.c.c.moin giving a			, ig			chodu	lo Δ //	Form 990 or 990-EZ) 200	

51							th any other organization described in section			
							elating to political organizations?	Г		
а			m the reporting organi	zation to a n	onchantable exempt orga	nization o			Yes	No
	• •	Cash					[a(i)		<u>X</u>
	(ii)	Other:	assets				a	94		<u>X</u> _
b	Other	transa	ctions					1	(
	(1)	Sales	or exchanges of assets	s with a none	charitable exempt organiz	ation	<u>b</u>	Ů,		<u>X</u>
	(ii)	Purcha	ases of assets from a n	oncharitable	e exempt organization		<u> b</u>	íi)	4	<u> </u>
	(iii)	Rental	of facilities, equipment	t, or other as	sets		<u>_b</u> (<u>ii)</u>		<u> </u>
	(iv)	Reimb	ursement arrangemen	ts			<u>b</u> (v)		<u> </u>
	(v)	Loans	or loan guarantees				<u>b</u> (v)		<u> </u>
	(vi)	Perfor	mance of services or m	nembership (or fundraising solicitations	i	<u>b(</u>	vi)	[<u>X</u>
С	Sharin	ng of fa	cilities, equipment, ma	iling lists, oth	ner assets, or paid employ	yees				X
d	If the a	answer	to any of the above is	"Yes," comp	lete the following schedu	le Columi	n (b) should always show the fair market value of the			
	goods	, other	assets, or services giv	en by the re	porting organization If the	e organiza	tion received less than fair market value in any			
	transa	iction o	r sharing arrangement	, show in col	lumn (d) the value of the g	goods, oth	er assets, or services received			
	(a)		(b)		(c)		(d)			
	Line no	.]	Amount involved	Name of	f nonchantable exempt organi	zation	Description of transfers, transactions, and shanng arran	gemer	nts	
N	/A									
	_==									
										—
							<u> </u>			
							 			
							 			
							 			
										
										
		\longrightarrow								
										
										
							<u> </u>			
					·					
52a	Is the	organi	zation directly or indire	ctly affiliated	with, or related to, one or	r more tax			_	1
	descri	bed in	section 501(c) of the C	ode (other t	han section 501(c)(3)) or	ın section	527? ▶ [Yes	s X	No.
_b	If "Yes	s," com	plete the following sch	edule						
			(a)		(b)		(c)			
		N	lame of organization		Type of organizatio	n	Description of relationship			
1	N/A									
					 		 			
										
					 		 			
					 		 			
							 			
					 					
										

Schedule A (Form 990 or 990-EZ) 2006 AMERICAN CLASSICAL, LEAGUE 31-0555960

Part VII - Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 13 of the instructions.)

31-0555960

Page 7

ICE. JENNIFER 130 ROBERT FERGUSON, MO 63135	499-92-2569	1000
KARNIK, ADAM E 4473 H STREET OMAHA, NE 68107	506-23-4183	1200
KERNOCHAN, JAMES 113 BRISTOL ROAD WELLESLEY, MA 02481	033-66-1969	1000
KOHOUT, KATHRYN 23C WINDHAM WAY AMHERST, NY 14228	076-76-0254	750
KUBLER, CARL E 55 WATERMAN PL WILLIAMSTOWN, MA 01267	905-37-5927	1000
LASATER, JOHN A 211 NORTH AVE APT 523 ATHENS, GA 30601	409590489	750
LOEHR, REGINA M 8528 N HARRISON CT KANSAS CITY, MO 64155	496-94-8102	1000
MA, YUCONG 49 HOOKER ST APT 2 ALLSTON, MA 02134	016-84-5782	1000
MACLEAN, ANN R 39878 OAK HILL FARM RD ALDIE, VA 20105	228-04-8108	1500
MATTERS EMILY 114 PROVINCIAL RD LINDFIELD, NSW 2070 AUSTRALIA		895
MIZE, ADAM 714 SW 16TH AVE APT 210 GAINESVILLE, FL 32601	568-79-5908	750

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Form 8868

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Internal Revenue Service 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 Automatic 3-Month Extension of Time. Only submit original (no copies needed). Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits **Employer identification number** Type or Name of Exempt Organization print 31-0555960 AMERICAN CLASSICAL LEAGUE File by the due date for Number, street, and room or suite no. If a P O. box, see instructions filing your MIAMI UNIVERSITY, 422 WELLS MILLS D return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions OH 45056 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 6069 Form 990-EZ Form 990-T (trust other than above) Form 1041-A Form 8870 Form 990-PF 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 **▶** [If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 12/17/07 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 5/01/06, and ending 4/30/07 tax year beginning Final return If this tax year is for less than 12 months, check reason Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, 3a 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 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2007)

for payment instructions

Federal Statements

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

		Amount
ACL MEMBERSHIP	\$	138,992
JCL MEMBERSHIP		104,040
TOTAL	\$_	243,032

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

Description	 Amount
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST UNREALIZED GAINS/LOSSES	\$ 46,549 29,151
TOTAL	\$ 75,700

31-0555960	Fec	Federal Statements	ents				•
State	Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations	art II, Line 22b - O	ther Grants and	Allocations		·	
Name Address	Relati to (Relationship to Org	Class of Activity				_
Date of Gift	Description of Property	Cash	NonCash Contrib	Book	BV Explantn	FMV Exploto	
KRAFT SCHOLARSHIPS							1
PHINNEY SCHOLARSHIPS		v v	‹				
KNUDSVIG SCHOLARSHIPS		2,500					
KATRINA AWARDS		2,124					_
O'DONNELL SCHOLARSHIPS		13,402					
NATIONAL GREEK EXAM SCHOLARSHIP		8,100					
MCKINIAY SCHOLARSHIPS		1,000					
		10,960					
SCHOLARSHIP		14,200					
TOTAL		\$ 52,286	· & "	0			
Stateme	Statement 4 - Form 990, Part II,	t II, Line 25a - Con	Line 25a - Compensation of Current Officers	urrent Officers			1
Name	Program Services	Management & General		Fundraising			
EXPENSES	w	v.	 	1			
OFFICER COMPENSATION COMPENSATION	30,461	30,461	51				
TOTAL	\$ 30,461	\$ 30,4	461 \$	0			
						3-4	

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Federal Statements

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description_	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CREDIT CARD FEE	7,178		7,178	
MISC. GENERAL OFFICE	514		514	
INSURANCE	5,118		5,118	
INTERNET	5,544		5,544	
ETC	48,845	48,845		
GREEK EXAM	3,495	3,495		
NCLG	2,900	2,900		
PRESIDENT'S OFFICE	4,774	4,774		
TMRC	80,036	80,036		
MERITA AWARDS	655	655		
OUTREACH	4,343	4,343		
HONOR SOCIETY	3,403	3,403		
PEN PAL	147	147		
REFUNDS	438	438		
ROUNDING		4	-4	
CREATIVE WRITING	421	421		
CONTRIBUTIONS	300	300		
JCL MISCELLANEOUS	259	259		
TOTAL	\$ 168,370	\$ 150,020	\$ 18,350	\$ 0

Federal Statements

Statement 6 - 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.

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Federal Statements

Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	\$	\$	
CORPORATE STOCK			
INVESTMENTS			
IDEX FUND	77,769	81,963	
KEMPER DREMAN	31,961	36,561	
PIONEER FUND	71,432	81,753	
PIONEER GROWTH	40,615	44,730	
INVESTMENT CO. OF AMERICA	90,846	103,779	
VAN KAMPEN	43,846	44,694	
ACL AMERIPRISE		159,986	
SHORT-TERM INVESTMENTS		-832,973	
INVESTMENTS		832,973	
MILLER/MUTUAL FUNDS	70,933	73,709	
CERTIFICATES OF DEPOSIT	190,865	37,739	
AMERICAN EXPESS FINANCIAL (STOCKS)	34,464	121,795	
CORPORATE BONDS			
TOTAL	\$ <u>652,731</u>	\$ <u>786,709</u>	

Statement 8 - 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	\$ 571,051	
TOTAL	\$ 524,502	\$ 571,051	

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

	_	Beginning of Year	_	Accum Deprec	_	End of Year		Accum Deprec
	\$_	54,561	\$_	45,368	\$_	55,390	\$_	48,459
TOTAL	\$_	54,561	\$_	45,368	\$	55,390	\$_	48,459

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Be o	End of Year		
ROUNDING	\$	5	\$	
DEFERRED REVENUE		410,286		436,656
TOTAL	\$	410,291	\$	436,656

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Federal Statements

Statement 11 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description						_	Amount		
AUDITED H	FINANCIALS	ARE	CONSOLIDATED,	TAX	RETURN	IS	NOT	\$_	677,456
TOTAL							\$_	677,456	

Statement 12 - Form 990, Part IV-B - Other Expenses included on Financial Statements

De	Description						
AUDITED FINANCIALS ARE CONSC	DLIDATED, TAX RETURN	IS NOT \$	541,208				
TOTAL		\$	541,208				

·	: :			\neg
		Relationship	HUSBAND AND WIFE	21
Federal Statements	Statement 13 - Form 990, Part V-A, Line 75b - Related Party Information	Related Party Two	GERI DUTRA OFFICER	
31-0555960	Stateme	Related Party One	JOHN DUTRA	

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Federal Statements

Statement 14 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

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

Federal Statements

Statement 15 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount		Related Income
CLASSICAL OUTLOOK ETC INSTITUTE GREEK EXAM TMRC HONOR SOCIETY JCL PEN PAL TORCH CERTAMEN CONVENTION RECEIPTS				\$	\$	1,930 46,377 176,505 8,555 147,122 23,394 183 572 1,365 600,415
TOTAL	ξ	0		\$	\$ =	1,006,418

Statement 16 - Form 990, Part VIII - Relationship of Activities

Line No.	
93A	ETC PROVIDES TEACHING MATERIALS AND STUDY PACKETS. THE ORGANIZATION PLANS INSTITUTE WHICH IS AN ANNUAL CONVENTION FOR ALL ACL MEMBERS TO EXCHANGE IDEAS. GREEK EXAM IS ADMINSTERED TO PROMOTE GREEK LANGUAGE. TMRC-TEACHING MATERIALS RESOURCE CENTER IS A WAREHOUSE OF
	BOOKS AND STUDY GUIDES TO HELP TEACHERS OF LATIN AND GREEK HONOR SOCIETY RECOGNIZES MEMBERS ACHIEVING OUTSTANDING ACADEMIC SUCCESS IN THEIR CLASSICAL STUDIES.
	PUBLICATIONS PROVIDE INFORMATION RELATED TO THE CLASSICS TO ITS MEMBERS. THEY INCLUDE NEWLETTERS, TORCH AND CLASSICAL OUTLOOK.
0.4	JCL PLANS AN ANNUAL CONVENTION FOR ITS MEMBERS.
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.
103В	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 17 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of <u>Exp</u>

Description

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

Statement 18 - 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.

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Federal Statements

Statement 19 - Schedule A, Part IV-A, Line 22 - Other Income

 2005		2004		2003	2002		
\$ 8,261	\$_	10,502	\$	13,135	\$_	7,505	
\$ 8,261	\$	10,502	\$	13,135	\$_	7,505	
\$ \$	\$ 8,261	\$ 8,261 \$	\$ 8,261 \$ 10,502	\$ 8,261 \$ 10,502 \$	\$ 8,261 \$ 10,502 \$ 13,135	\$ 8,261 \$ 10,502 \$ 13,135 \$	

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

2006

Attachment Sequence No 6

Name(s) shown on return

AMERICAN CLASSICAL LEAGUE

Identifying number 31-0555960

		<u> </u>						<u> </u>	5500
	ess or activity to which this form relates NDIRECT DEPRECIAT	CON							
	art I Election To Expen		erty Under Section	on 179					
	Note: If you have a	-	•		com	plete Pa	art I.		
1	Maximum amount See the instruct	-	1	108,000					
2	Total cost of section 179 property p		2	·					
3	Threshold cost of section 179 prop	erty before reduction	in limitation					3_	430,000
4	Reduction in limitation Subtract lin	e 3 from line 2 If zer	o or less, enter -0-					4_	
_5	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	less, enter -0- If married fil	ing separately, see	instruc	tions		5	
	(a) Descriptio	n of property	(b)	Cost (business us	e only)	(c)	Elected cos	<u> </u>	
_6						<u> </u>			
					,	 			
7	Listed property Enter the amount f	from line 29			7_	L			
8	Total elected cost of section 179 p	roperty Add amounts	s in column (c), lines 6 a	and 7				8	
9	Tentative deduction Enter the sma							9	
10	Carryover of disallowed deduction	•						10	
11	Business income limitation Enter t		,	•	see in	structions)		11	
12	Section 179 expense deduction A			n line 11				12	
13	Carryover of disallowed deduction				13	L			<u></u>
	: Do not use Part II or Part III below			otion (Do no	4 :- 0!	uda liata	d	-4 \	(Coounations)
	ert II Special Depreciati					ude liste	a prope	rty.)	(See instructions.)
14	Special allowance for qualified Nev	•		erty (other than	listea				
45	property) placed in service during to		uctions)					14	
15	Property subject to section 168(f)(1	•						16	3,091
16	Other depreciation (including ACR: art III MACRS Depreciat		ide listed property	() (See instri	ıctio	20.1		16	3,031
	WACKS Depreciat	ion (Do not more			JULIU	15./			
17	MACRS deductions for assets place	end in control in tax v	Section A					17	0
18	If you are electing to group any assets place	•	• •		unte el	ack bara	ightharpoonup	 '''	
<u></u>			ice During 2006 Tax Y				tion System	 .m	
	Occasi Bya	(b) Month and	(c) Basis for depreciate			. В сріссіє	Tion Gyst	····	
	(a) Classification of property	year placed in service	(business/investment us only-see instructions)	se l'agge	(e)	Convention	(f) Me	thod	(g) Depreciation deduction
<u>19a</u>	3-year property	-	ļ						
<u>b</u>	5-year property				-				
<u>c</u>	7-year property	-	<u> </u>		}				
<u>d</u>	10-year property	4			├				
	15-year property				 -				
<u>_</u>	20-year property	-			 -		0,11		
9	25-year property	<u> </u>	 	25 yrs	 		S/L		
n	Residential rental property	}		27 5 yrs	├	MM	S/L		
		 		27 5 yrs	 	MM MM	S/L		
i	Nonresidential real property			39 yrs	 		S/L		
		ota Diagoni in Comia	a During 2006 Tay Var	or Hoine the Alt		MM	S/L		L
 20a	Class life	lets Placed in Service	e During 2006 Tax Yea	ar Using the Ait	I	ve Deprec		tem	
<u>zva</u>	12-year			12 yrs	 		S/L S/L		
									
	art IV Summary (see ins	tructions)	L	40 yrs	Ь	IVIIVI			<u></u> _
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, li		ses 19 and 20 in column	n (a) and line 21	í				
	Enter here and on the appropriate	-						22	3,091
23	For assets shown above and place	•	•	2.3.00 000 110	<u> </u>				
	enter the portion of the basis attribi	•	•		23	}			