

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2006
 Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07**

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERCOMMUNITY EDUCATION ASSOCIATION
 Number and street (or P O box if mail is not delivered to street address) Room/suite
4130 WYOMING
 City or town, state or country, and ZIP + 4
ST. LOUIS MO 63116

D Employer identification number
43-1873629
E Telephone number
314-771-7674
F Accounting method: Cash
 Accrual Other (specify)

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

G Website: **MARIANMIDDLESCHOOL.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

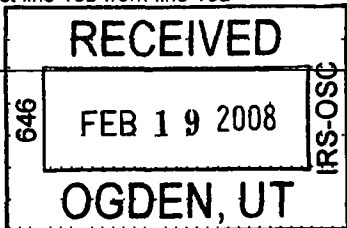
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **2,114,056**

H and are not applicable to section 527 organizations 1
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶**
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶**
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

1	Contributions, gifts, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	1,297,766		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	50,568		
e	Total (add lines 1a through 1d) (cash \$ 1,159,923 noncash \$ 188,411)	1e			1,348,334
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			41,780
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			28,276
5	Dividends and interest from securities	5			
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 ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	494,613	8a		
c	Gain or (loss) (attach schedule)	494,741	8b		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	-128	8c		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	SEE STMT 1			8d -128
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	199,737		
b	Less direct expenses other than fundraising expenses	9b	32,602		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			167,135
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			1,316
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,586,713
13	Program services (from line 44, column (B))	13			495,927
14	Management and general (from line 44, column (C))	14			172,679
15	Fundraising (from line 44, column (D))	15			189,654
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17			858,260
18	Excess or (deficit) for the year Subtract line 17 from line 12	18			728,453
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,011,691
20	Other changes in net assets or fund balances (attach explanation)	20			32,251
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			1,772,395

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) SEE STATEMENT 3	25a	74,000	74,000	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	381,700	235,330	28,125
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	31,212	24,724	5,582
29 Payroll taxes	29	30,436	13,460	11,269
30 Professional fundraising fees	30			5,707
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	13,127	13,127	
34 Telephone	34	10,638	5,224	2,612
35 Postage and shipping	35	3,199	800	160
36 Occupancy	36	111,284	57,553	30,306
37 Equipment rental and maintenance	37			
38 Printing and publications	38	2,307	64	255
39 Travel	39	408		408
40 Conferences, conventions, and meetings	40	6,610	4,899	338
41 Interest	41	5,236		5,236
42 Depreciation, depletion, etc (attach schedule)	42	14,611	10,958	1,461
43 Other expenses not covered above (itemize) a SEE STATEMENT 4	43a	173,492	129,788	18,571
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	858,260	495,927	172,679
				189,654

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?

▶ **SEE STATEMENT 5**

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) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

a TO PROVIDE A CATHOLIC MIDDLE SCHOOL PROGRAM FOR YOUNG WOMEN. TO PROVIDE THEM A FULL RANGE OF EDUCATIONAL EXPERIENCES TO PREPARE THEM FOR ENTRY INTO ACADEMICALLY STRONG HIGH SCHOOLS.

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

495,927

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)

▶ 495,927

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	60,662	45	59,661	
	46 Savings and temporary cash investments	737,167	46	906,904	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable	235,370	49	711,270	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55a Investments-land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b	55c		
	56 Investments-other (attach schedule)		56		
	57a Land, buildings, and equipment basis	57a 185,321			
	b Less accumulated depreciation (attach schedule) SEE STATEMENT 6	57b 46,907	121,124	57c	138,414
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 7)		29,999	58	55,102	
59 Total assets (must equal line 74) Add lines 45 through 58		1,184,322	59	1,871,351	
Liabilities	60 Accounts payable and accrued expenses	75,729	60	29,772	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET		96,902	64b	69,184
	65 Other liabilities (describe ▶)			65	
66 Total liabilities. Add lines 60 through 65		172,631	66	98,956	
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	484,592	67	956,163	
	68 Temporarily restricted	527,099	68	816,232	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		1,011,691	73	1,772,395
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,184,322	74	1,871,351

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		
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		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		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 under sections 4912, 4955, and 4958 ▶ 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	10
91a	The books are in care of ▶ MAUREEN HERRMANN 4130 WYOMING STREET Located at ▶ ST LOUIS, MO	Telephone no ▶	314-771-7674
		ZIP + 4 ▶	63116
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	Yes	No
		91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 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 section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION					18,043
b LUNCH PROGRAM					23,737
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	28,276	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	-128	
101 Net income or (loss) from special events					167,135
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					1,316
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		28,148	210,231
105 Total (add line 104, columns (B), (D), and (E))					238,379

Note: Line 105 plus line 1e, 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)
	SEE STATEMENT 11

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Margen A. Hermann* Date: 2/5/08

Type or print name and title: MARGEN A. HERMANN

Paid Preparer's Use Only

Preparer's signature: *Daniel Kutz CPA* Date: 2/05/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KERBER, ECK & BRAECKEL LLP
ONE MEMORIAL DRIVE STE 950
ST. LOUIS, MO 63102

Preparer's SSN or PTIN (See Gen Instr X): P00586081
EIN: 43-0352985
Phone no: 314-231-6232

**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

2006

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

INTERCOMMUNITY EDUCATION ASSOCIATION

Employer identification number
43-1873629

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.")

(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) 2006

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)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3a	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)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business; Tax revenues levied; Value of services or facilities furnished; Other income.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test Enter line 24, column (e) d Add Amounts from column (e) for lines 18, 19, 22, 26b e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

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 (2005) (2004) (2003) (2002) N/A

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002) N/A

c Add Amounts from column (e) for lines 15, 16, 17, 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 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
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)	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
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		X
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	X	

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2006

For calendar year 2006, or tax year beginning **7/01/06**, and ending **6/30/07**

Name
INTERCOMMUNITY EDUCATION ASSOCIATION

Employer Identification Number
43-1873629

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) SISTERS OF LORETTOS	
(2) SISTERS OF LORETTOS - DISCOUNT	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 100,000	1/04/06	2/01/16	MONTHLY INSTALL OF \$897.91	1.500
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	96,902	87,517
(2)		-18,333
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	96,902	69,184

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
PUBLICLY TRADED SECURITIES								
					\$ 494,613	\$ 494,741		\$ -128
TOTAL					<u>\$ 494,613</u>	<u>\$ 494,741</u>	<u>0</u>	<u>\$ -128</u>

Federal Statements

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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 10,071
DIRECT FUNDRAISING EVENT EXPENSES PART 1, LINE 9B	32,602
DIRECT FUNDRAISING EVENT EXPENSES PART I, LINE 9B	-32,602
AUDIT PRIOR PERIOD ADJUSTMENT	22,180
TOTAL	<u>\$ 32,251</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
COMPENSATION		74,000	
TOTAL	<u>\$ 0</u>	<u>\$ 74,000</u>	<u>\$ 0</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ACADEMIC PROGRAMS	28,108	28,108		
ADVERTISING	50	25		25
BREAKFAST MEALS SERVICE	34,446	34,446		
DUES & SUBSCRIPTIONS	374	215		159
FUNDRAISING	1,326			1,326
GAFFNEY ENDOWMENT	4,000		4,000	
GRADUATES SUPPORT	33,646	33,646		
INSURANCE	13,986	6,993	6,993	
MISCELLANEOUS	19,047	9,037	4,348	5,662
OFFICE SUPPLIES	12,932	6,548	3,192	3,192
OUTSIDE SERVICES	6,636			6,636
PORTFOLIO EXPENSES	4,456	80		4,376
RECRUITING EXPENSES	2,384	2,384		
TECHNOLOGY	1,165	1,085	38	42
TRANSPORTATION EXPENSES	7,221	7,221		
VOLUNTEER EXPENSES	3,715			3,715
TOTAL	\$ 173,492	\$ 129,788	\$ 18,571	\$ 25,133

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

PRIVATE ALTERNATIVE MIDDLE SCHOOL FOR GIRLS IMPACTD BY
POVERTY

Federal Statements

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FURNITURE & EQUIPMENT	\$ 67,000	\$ 32,296	\$ 98,901	\$ 44,747
LEASEHOLD IMPROVEMENTS	86,420		86,420	2,160
TOTAL	<u>\$ 153,420</u>	<u>\$ 32,296</u>	<u>\$ 185,321</u>	<u>\$ 46,907</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ASSETS DESIGNATED FOR SCHOLARSHIP	\$ 4,999	\$ 5,102
DEPOSIT ON BUILDING PURCHASE	25,000	50,000
TOTAL	<u>\$ 29,999</u>	<u>\$ 55,102</u>

Federal Statements

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
DIRECT FUNDRAISING EVENT EXPENSES PART 1, LINE 9B	\$ <u>32,602</u>
TOTAL	\$ <u><u>32,602</u></u>

Statement 9 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
DIRECT FUNDRAISING EVENT EXPENSES PART I, LINE 9B	\$ <u>32,602</u>
TOTAL	\$ <u><u>32,602</u></u>

INTER Intercommunity Education
43-1873629
FYE: 6/30/2007

Federal Statements

2/5/2008 12:41 PM

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MAUREEN HERRMANN 4130 WYOMING ST LOUIS MO 63116	EXEC DIRECTO	50	58,000	16,000	0
SR ANN BARRETT 210 GLENNON HEIGHTS CRYSTAL CITY MO 63019	BD MEMBER	3	0	0	0
SR CAROL REEB 320 E RIPA ST LOUIS MO 63125	BD MEMBER	3	0	0	0
SR BARBARA ROCHE 980 GLENMOOR LANE GLENDALE MO 63122	BD MEM/DIREC	3	0	0	0
SR CARMEN SCHNYDER 240 N MAIN ST O'FALLON MO 63366	BD MEMBER	3	0	0	0
SR REGINA STRASSBURGER 335 S KIRKWOOD ST LOUIS MO 63122	BD MEMBER	3	0	0	0
SR SANDRA STRAUB 6400 MINNESOTA AVE ST LOUIS MO 63111	BD MEMBER	3	0	0	0
SR MARY WALZ 4330 OLIVE ST LOUIS MO 63108	BD MEMBER	3	0	0	0
ROBERT BANNISTER 7432 WOODLAWN COLONIAL LN ST LOUIS MO 63119	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PETER BENOIST 1562 MASON KNOLL RD ST LOUIS MO 63131	DIRECTOR	3	0	0	0
PHYLLIS COLE 4349 OLEATHA ST LOUIS MO 63116	DIRECTOR	3	0	0	0
SUSAN CONRAD 16650 CHESTERFIELD GROVE RD CHESTERFIELD MO 63005	DIRECTOR	3	0	0	0
JANICE DENIGAN 7031 FORSYTH ST LOUIS MO 63105	TREASURER	3	0	0	0
JOHN GOLIO 1000 TECHNOLOGY DR O'FALLON MO 63368	DIRECTOR	3	0	0	0
MARY LOUISE GUNTHER 4658 BRIDLEWOOD TERRACE ST LOUIS MO 63128	DIRECTOR	3	0	0	0
PATRICIA HARRIS 710 BROWNBERG COURT ROCK HILL MO 63119	CHAIRPERSON	3	0	0	0
LEON HENDERSON 701 NORTH SPRING AVE ST LOUIS MO 63108	DIRECTOR	3	0	0	0
BOB HENKEL 4600 EDMUNDSON RD ST LOUIS MO 63134	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ANNE MURPHY HILL 8505 COLONIAL LANE ST LOUIS MO 63124	SECRETARY	3	0	0	0
ANNE KELLY 1100 ANN AVE ST LOUIS MO 63122	DIRECTOR	3	0	0	0
JANET KUCIEJCZYK 4410 LACLEDE ST LOUIS MO 63108	DIRECTOR	3	0	0	0
MADONNA O'HARA 210 GLENNON HEIGHTS RD CRYSTAL CITY MO 63019	DIRECTOR	3	0	0	0
STEVE RULL 316 GASCONY WAY ST LOUIS MO 63122	DIRECTOR	3	0	0	0
JOHN SHAUGHNESSY 15509 AMBER MEADOWS CT CHESTERFIELD MO 63017	DIRECTOR	3	0	0	0
PHILIP TREACY 12961 MUSKER CT ST LOUIS MO 63146	VICE CHAIR	3	0	0	0
REV MARK ULLRICH 81115 CHURCH RD ST LOUIS MO 63147	DIRECTOR	3	0	0	0
LOU VLASARY 4954 LINDELL BLVD, UNIT 2W ST LOUIS MO 63108	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
LINDA WEBER 7 SCHULTZ ST LOUIS MO 63122	DIRECTOR	3	0	0	0

Federal Statements**Statement 11 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	REVENUES ARE FROM PROVIDING A CATHOLIC MIDDLE SCHOOL
93B	EDUCATION TO YOUNG WOMEN TO FURTHER OUR EXEMPT
103B	PURPOSE.
101	MARIAN MIDDLE SCHOOL HOSTS A VARIETY OF FUNDRAISERS TO INCREASE THE AWARENESS OF THE SCHOOL'S MISSION, PROVIDE FINANCIAL SUPPORT TO SUSTAIN THE MISSION AND BUILD A DEEP POOL OF COMMUNITY VOLUNTEERS WHO ARE COMMITTED TO MARIAN'S CORE VALUES. THE FUNDRAISERS VARY IN SCOPE FROM AN ANNUAL DINNER AND AUCTION TO A TRIVIA NIGHT TO BENEFIT MARIAN MIDDLE SCHOOL. THESE EVENTS ARE VOLUNTEER DRIVEN WITH A VARIETY OF SUPPORT, RESOURCES AND MANPOWER TO INSURE HIGHLY SUCCESSFUL EVENTS.

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

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.

Type or print	Name of Exempt Organization INTERCOMMUNITY EDUCATION ASSOCIATION	Employer identification number 43-1873629
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 4130 WYOMING	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS MO 63116	

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

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

- The books are in the care of ▶
- Telephone No. ▶ FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **2/15/08** to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year or
▶ tax year beginning **7/01/06**, and ending **6/30/07**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
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.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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