

**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

**A** For the 2007 calendar year, or tax year beginning **5/01/07**, and ending **4/30/08**

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

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

**C** Name of organization

**AMERICAN CLASSICAL LEAGUE**

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

**MIAMI UNIVERSITY, 422 WELLS MILLS D**

Room/suite

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

**OXFORD**

**OH 45056**

**D** Employer identification number

**31-0555960**

**E** Telephone number

**513-529-7741**

**F** Accounting method: ☐ Cash

☒ Accrual ☐ Other (specify)

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

**G** Website: **WWW.ACLCLASSICS.ORG & NJCL.ORG**

**J** Organization type

(check only one) ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization 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.

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates **▶**

**H(c)** Are all affiliates included? ☐ Yes ☐ No

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **1,315,135**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received		
<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>18,316</b>
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>18,316</b> noncash \$ )	<b>1e</b>	<b>18,316</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>974,018</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>240,660</b>
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>39,832</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>29,310</b>
<b>6a</b>	Gross rents	<b>6a</b>	
<b>b</b>	Less: rental expenses	<b>6b</b>	
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
<b>7</b>	Other investment income (describe <b>▶</b> )	<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>0</b>
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	
<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (net including \$ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b>	Less: cost of goods sold	<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>12,700</b>
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>1,314,836</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>1,208,323</b>
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>110,049</b>
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>1,318,372</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>-3,536</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,980,483</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-33,685</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>1,943,262</b>

19617,32

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) <b>STMT 3</b> (cash \$ <b>53,532</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 53,532	53,532		
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>SEE STATEMENT 4</b>	<b>25a</b> 64,056	32,028	32,028	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 96,491	96,491		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 51,000	40,999	10,001	
<b>29</b> Payroll taxes	<b>29</b> 16,175	13,003	3,172	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 14,574		14,574	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 7,865	6,325	1,540	
<b>34</b> Telephone	<b>34</b> 827		827	
<b>35</b> Postage and shipping	<b>35</b> 23,763	23,763		
<b>36</b> Occupancy	<b>36</b> 13,104	10,536	2,568	
<b>37</b> Equipment rental and maintenance	<b>37</b> 10,838		10,838	
<b>38</b> Printing and publications	<b>38</b> 112,748	112,748		
<b>39</b> Travel	<b>39</b> 31,637	25,501	6,136	
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 656,336	656,336		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 4,442		4,442	
<b>43</b> Other expenses not covered above (itemize): <b>a</b> <b>SEE STATEMENT 5</b>	<b>43a</b> 160,984	137,061	23,923	
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 1,318,372	1,208,323	110,049	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

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

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

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a SEE STATEMENT 6**

(Grants and allocations \$ **53,532** ) If this amount includes foreign grants, check here ► ☐ **1,208,323**

**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)

► **1,208,323**

Form **990** (2007)

**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
<b>Assets</b>	45 Cash—non-interest-bearing	245,688	45	93,231
	46 Savings and temporary cash investments	684,432	46	906,631
	47a Accounts receivable	3,288		
	b Less: allowance for doubtful accounts		47c	3,288
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	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)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	79,683	52	89,208
	53 Prepaid expenses and deferred charges	43,456	53	38,780
	54a Investments—publicly-traded securities <b>SEE STATEMENT 7</b>	786,709	54a	749,319
	b Investments—other securities (attach schedule)		54b	
55a Investments—land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments—other (attach schedule)	<b>SEE STMT 8</b>	571,051	56	564,228
57a Land, buildings, and equipment: basis	56,057			
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 9</b>				
57b	37,652	6,931	57c	18,405
58 Other assets, including program-related investments (describe )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	2,422,159	59	2,463,090	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	5,020	60	3,939
	61 Grants payable		61	
	62 Deferred revenue <b>SEE STATEMENT 10</b>	436,656	62	515,889
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe )		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65	441,676	66	519,828
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	1,225,743	67	1,186,823
	68 Temporarily restricted	183,689	68	192,211
	69 Permanently restricted	571,051	69	564,228
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,980,483	73	1,943,262
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,422,159	74	2,463,090

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,942,051
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12.		
1	Net unrealized gains on investments	<b>b1</b>	-33,685
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):  SEE STATEMENT 11	<b>b4</b>	660,900
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	627,215
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,314,836
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,314,836

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,893,733
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify): SEE STATEMENT 12	<b>b4</b>	575,361
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	575,361
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,318,372
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,318,372

**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 & deferred 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	0	0	1,800
KATHY ELIFRITS	TREASURER 12	0	0	1,800
JOHN DUTRA	DIR. TMRC 15	0	0	1,800
MARY ENGLISH	EDITOR, CO 20	0	0	1,800
PAUL PROPERZIO	EDITOR, NEWS 4	0	0	1,800
GERI DUTRA	ADMIN SEC. 40	64,056	0	0
MARTHA ALTIERI	CHAIR NJCL 15	0	0	1,800
PETER HOWARD	DIR. ACL PL. 7	0	0	1,800



Part VI Other Information (continued)		Yes	No
<b>82a</b> 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		<b>X</b>
<b>b</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		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
<b>85a</b> 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
<b>b</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.	85b		
<b>c</b> Dues, assessments, and similar amounts from members	85c		
<b>d</b> Section 162(e) lobbying and political expenditures	85d		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	86a		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b		
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	87a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
<b>88a</b> 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		<b>X</b>
<b>b</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		<b>X</b>
<b>89a</b> 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>			
<b>b</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	89b		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<b>X</b>
<b>g</b> 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?	89g		<b>X</b>
<b>90a</b> List the states with which a copy of this return is filed <b>OH</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		<b>5</b>
<b>91a</b> The books are in care of <b>GERI DUTRA</b> <b>422 WELLS MILLS DRIVE</b> Located at <b>OXFORD, OH</b>			
<b>b</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 <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>			

Telephone no. **513-529-7741**ZIP + 4 **45056**

	Yes	No
<b>91b</b>		<b>X</b>

**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
	<input checked="" type="checkbox"/>

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 SEE STATEMENT 15					974,018
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					240,660
95 Interest on savings and temporary cash investments			14	39,832	
96 Dividends and interest from securities			14	29,310	
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					0
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADVERTISING					6,975
c DIRECTORY/LABELS					2,494
d MISCELLANEOUS INCOME					3,141
e BANK FEES COLLECTED					90
104 Subtotal (add columns (B), (D), and (E))		0		69,142	1,227,378
105 Total (add line 104, columns (B), (D), and (E))					1,296,520

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 16

**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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

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

Yes	No
	<b>X</b>

**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.

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

Yes	No
	<b>X</b>

**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

<b>Please Sign Here</b>	<b>X</b>	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 <u><i>Geri Dutra</i></u>	Date <u>12/5/09</u>		
		Type or print name and title <u>GERI DUTRA ADMINISTRATIVE SECRETARY</u>			
<b>Paid Preparer's Use Only</b>		Preparer's signature <u><i>John Bergeron</i></u>	Date <u>1/28/09</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00446324</b>
		Firm's name (or yours if self-employed), address, and ZIP + 4 <u>KIRSCH CPA GROUP, LLC</u> <u>5020A COLLEGE CORNER PIKE</u> <u>OXFORD, OH 45056</u>		EIN <u>51-0442395</u>	Phone no <u>513-523-1100</u>

**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

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**AMERICAN CLASSICAL LEAGUE**

Employer identification number  
**31-0555960**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
MARY SMITH 422 WELLS MILLS DR OXFORD OH 45056	ADMIN ASST 40	51,954	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**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) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )

1 X

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

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

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

SEE PART V-A, FORM 990  
SEE STATEMENT 17

2d X

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

2e 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 )

SEE STATEMENT 18

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b 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

3c 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 lines 4f and 4g

4a X

**b** Did the organization make any taxable distributions under section 4966?

4b

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c

**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 8 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 Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 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	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,813	47,561	48,496	43,011	147,881
<b>16</b> Membership fees received	243,032	252,174	252,069	260,921	1,008,196
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,006,418	872,833	960,529	969,117	3,808,897
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	68,680	28,750	24,644	26,848	148,922
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>STMT 19</b>	10,305	8,261	10,502	13,135	42,203
<b>23</b> Total of lines 15 through 22	1,337,248	1,209,579	1,296,240	1,313,032	5,156,099
<b>24</b> Line 23 minus line 17	330,830	336,746	335,711	343,915	1,347,202
<b>25</b> Enter 1% of line 23	13,372	12,096	12,962	13,130	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	0
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines:	18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		▶	<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		▶	<b>26f</b>	%

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

(2006)0(2005)0(2004)0(2003)0

0

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

(2006)0(2005)0(2004)0(2003)0

0

c Add: Amounts from column (e) for lines: 15 147,881 16 1,008,196 17 3,808,897 20 21

▶27c4,964,974

d Add: Line 27a total and line 27b total

▶27d

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

▶27e4,964,974

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 5,156,099

▶27g96.2932%

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

▶27h2.8883%

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 2003 through 2006, 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)

	N/A	Yes	No
<b>29</b> 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?	<b>29</b>		
<b>30</b> 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?	<b>30</b>		
<b>31</b> 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.)	<b>31</b>		
<b>32</b> Does the organization maintain the following.			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b> 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	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

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





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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP	\$ 240,660
TOTAL	<u>\$ 240,660</u>

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

<u>Description</u>	<u>Amount</u>
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	\$ -6,823
UNREALIZED GAINS/LOSSES	<u>-26,862</u>
TOTAL	<u>\$ -33,685</u>

## Federal Statements

## Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
PHINNEY SCHOLARSHIPS			\$	11,585	\$			
WATKINS AWARD				500				
KNUDSVIG SCHOLARSHIPS				4,466				
O'DONNELL SCHOLARSHIPS				8,750				
NATIONAL GREEK EXAM SCHOLARSHIP				2,000				
MCKINLAY SCHOLARSHIPS				11,750				
SCHOLARSHIP				14,200				
WEBSITE CONTEST				281				
TOTAL			\$	53,532	\$	0	\$	0

## Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
GERI DUTRA COMPENSATION	32,028	32,028	
TOTAL	\$ 32,028	\$ 32,028	\$ 0

## 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	13,606		13,606	
MISC. GENERAL OFFICE	349		349	
INSURANCE	9,956		9,956	
INTERNET	12		12	
ETC	37,827	37,827		
GREEK EXAM	5,012	5,012		
NCLG	3,200	3,200		
PRESIDENT'S OFFICE	8,539	8,539		
TMRC	62,828	62,828		
MERITA AWARDS	843	843		
OUTREACH	4,818	4,818		
HONOR SOCIETY	8,935	8,935		
PEN PAL	-36	-36		
CREATIVE WRITING	404	404		
CONTRIBUTIONS	50	50		
JCL MISCELLANEOUS	4,641	4,641		
TOTAL	\$ 160,984	\$ 137,061	\$ 23,923	\$ 0

**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.

## Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
INVESTMENTS			
INDEX FUND	81,963		MARKET
KEMPER DREMAN	36,561		MARKET
PIONEER FUND	81,753		MARKET
PIONEER GROWTH	44,730		MARKET
INVESTMENT CO. OF AMERICA	103,779		MARKET
VAN KAMPEN	44,694		MARKET
DEETER MUTUAL FUNDS		384,891	MARKET
ACL AMERIPRISE	159,986	165,280	MARKET
MILLER/MUTUAL FUNDS	73,709	73,193	MARKET
AMERICAN EXPRESS FINANCIAL (STOCKS)	121,795	125,955	MARKET
CERTIFICATES OF DEPOSIT	37,739		MARKET
TOTAL	\$ 786,709	\$ 749,319	

**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	\$ 571,051	\$ 564,228	
TOTAL	\$ 571,051	\$ 564,228	

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

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
TOTAL	\$ 55,390	\$ 48,459	\$ 56,057	\$ 37,652
	\$ 55,390	\$ 48,459	\$ 56,057	\$ 37,652

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

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 436,656	\$ 515,889
TOTAL	\$ 436,656	\$ 515,889

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

<u>Description</u>	<u>Amount</u>
AUDITED FINANCIALS ARE CONSOLIDATED, TAX RETURN IS NOT	\$ <u>660,900</u>
TOTAL	\$ <u>660,900</u>

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

<u>Description</u>	<u>Amount</u>
AUDITED FINANCIALS ARE CONSOLIDATED, TAX RETURN IS NOT	\$ <u>575,361</u>
TOTAL	\$ <u>575,361</u>

31-0555960

## Federal Statements

### Statement 13 - Form 990, Part V-A, Line 75b - Related Party Information

Related  
Party One

JOHN DUTRA  
OFFICER

Related  
Party Two

GERI DUTRA  
OFFICER

Relationship

HUSBAND AND WIFE



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

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

## Federal Statements

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

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
CLASSICAL OUTLOOK		\$		\$	1,170
ETC					49,024
INSTITUTE					103,170
GREEK EXAM					8,866
TMRC					139,314
HONOR SOCIETY JCL					26,623
TORCH					169
CERTAMEN					1,800
CONVENTION RECEIPTS					643,882
TOTAL		\$ 0		\$ 0	\$ 974,018

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

Line No.	Description
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.
94	JCL PLANS AN ANNUAL CONVENTION FOR ITS MEMBERS. MEMBERS ARE PROFESSORS, TEACHERS AND STUDENTS WHO RELY ON ACL AND JCL TO PROVIDE INFORMATION AND MATERIALS TO MAKE LEARNING THE CLASSICS INTERESTING AND WORTHWHILE FOR YOUNG PEOPLE.
103B	BY CARRYING RELATED ADVERTISING IN THE ACL JOURNAL "CLASSICAL OUTLOOK", ACL PROVIDES MEMBERS WITH SOURCES AND RESOURCES FOR BOOKS, TEXTBOOKS, DICTIONARIES, PUBLICATIONS ON LATIN AND GREEK WHICH ACL AND JCL ARE UNABLE TO PROVIDE.

**Statement 17 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

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Description

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

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**Statement 18 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**

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Description

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

## Federal Statements

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

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
	\$ <u>10,305</u>	\$ <u>8,261</u>	\$ <u>10,502</u>	\$ <u>13,135</u>
TOTAL	\$ <u>10,305</u>	\$ <u>8,261</u>	\$ <u>10,502</u>	\$ <u>13,135</u>

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2007**

Attachment  
Sequence No **67**

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

Name(s) shown on return

**AMERICAN CLASSICAL LEAGUE**

Identifying number

**31-0555960**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>125,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>500,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>4,442</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr.	22	<b>4,442</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)


DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

2007-08 ACL SCHOLARSHIPS

BEHRENSMEYER, MARY JO 127 MARTINSBURG RD MT VERNON, OH 43050	750.00
BREWER, ASHLEY 1114 WESTFIELD CRT, APT E INDIANAPOLIS, IN 46220	250.00
BROWN, JENNIFER 2813 WEST 17TH ST WILMINGTON, DE 19806	1500.00
CODOYANNIS, CATHERINE 83 DAVIS ST QUINCY, MA 02170	750.00
COX, KELLY 612 VALLEY DR EDEN, NC 27288	750.00
CURTIS, LORRAINE M 79 FOWLES HILL RD WISCASSET, ME 04578	1500.00
DALEAS, BRYAN C 210 NOTT ST WETHERSFIELD, CT 06109	1500.00
DRUMMOND, IAN 34 MASCONOMO ST MANCHESTER, MA 01944	750.00
ENSCOE, SANDRA 236 LEWFIELD CIRCLE WINTER PARK, FL 32792	1750.00
FABRIZIO, LINDA A 411 W BROADWAY #1G LONG BEACH, NY 11561	1500.00
HARPIN, DAVID 147 NICOLL ST NEW HAVEN, CT 06511	1500.00

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HERDELIN, ANDREA 257 MERION AVE HADDONFIELD, NJ 08033	1000.00
HOLCOMB, SCOTT 552 FUSSEL RD LEESBURG, GA 31763	750.00
HOWELL, THOMAS J 25 LEDGEWOOD CIRCLE BELCHERTOWN, MA 01007	614.77
JOY, KEVIN 2110 CANYON CLOSE RD PASADENA, CA 91107	750.00
KELLY, KEVIN C 9727 ZIMBRO AVE MANASSAS, VA 20110	1000.00
KLESS, KEVIN 5501 CHIMNEY CIRCLE KETTERING, OH 45440	1250.00
MARSHALL, LISANNE R 10668 N KITCHEN RD MOORESVILLE, IN 46158	716.46
MINNICK, MARGARET 7 BEAR LANE LOCUST VALLEY, NY 11560	1500.00
MITCHELL, BRUCE 5 MASON COURT WORCESTER, MA 01610	1000.00
MOSHOS, MARY CATHERINE 5912 BACKLICK RD SPRINGFIELD, VA 22150	750.00
MURPHY, PATRICIA NASHOBA BROOKS SCHOOL 200 STRAWBERRY HILL RD CONCORD, MA 01742	720.05

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O'BRYAN, MELISSA 2501 HAMPTON AVENUE ALLISON PARK, PA 15101	250.00
OVERHOLT, MICHAEL S 212 BROUGHTON RD MONCKS CORNER, SC 29461	750.00
PAGE, JENNIFER 2243 SALUDA LN ACWORTH, GA 30101	1000.00
PERROT PAUL L 319 N VAN BUREN ST FALLS CHURCH, VA 22046	750.00
PROKOPCHAK, ERIN 4726 OXFORD ST LYNCHBURG, VA 24502	1000.00
ROBBINS, JERRY 209 SE BAUBLITZ DR PENSACOLA, FL 32507	750.00
ROBERTSON, MEGHAN 6426 VILLAGE WOODS CT GLOUCESTER, VA 23061	750.00
ROCCO, LOUISE 1023 E BROAD ST TAMPA, FL 33604	1000.00
ROE, NATASHA 3621 W FESTIVE DR BLOOMINGTON, IN 47403	1000.00
ROMANOSKY, JOAN 603 NEWBERRY DR RICHARDSON, TX 75080	1500.00
SANDS, KARINE 112 FROGTOWN RD NEW CANAAN, CT 06840	750.00

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SCHULTZ, ALEXANDRA	1000.00
SHARPE, LEAH 129 JUSTICE CUSHING WAY HINGHAM, MA 02043	1500.00
SULEIMAN, B KAY 1913 MAYNARD DR CHAMPAIGN, IL 61822	750.00
SUZADAIL, KARIN 320 W PHILADELPHIA AVE BOYERTOWN, PA 19512	750.00
THIBAUDEAU, JESSICA 14242 CEDAR POINTE AVE BATON ROUGE, LA 70809	750.00
WARD, RAMONA 2900 BUNNY RUN RD AUSTIN, TX 78746	1000.00
YOST, HEATHER 1601 HILLMEADE DR NASHVILLE, TN 37221	750.00


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2007-08 JCL SCHOLARSHIPS

CORNILLIE, CHRISTOPHER C 461 OLD BARN RD LAKE BARRINGTON, IL 60010	1500.00
FRENCH, ALEX 110 ALLENDALE DR NASHVILLE, TN 37205	1000.00
GELLER, JOSHUA 32638 TORCHWOOD PL WESTLAKE VILLAGE, CA 91361	1200.00
GLENN, LEANNE E 13997 W BAKER PL LAKEWOOD, CO 80228	2500.00
HOCHBERG, IAN 8922 GLENBROOK RD FAIRFAX, VA 22031	1000.00
JEFFERSON, KEVIN 901 E ROANOKE RD STERLING, VA 20164	1500.00
KAVOUSSI, BONNIE J 13615 WOOD LN SAN ANTONIO, TX 78216	1500.00
LAWSON, STEPHEN 2116 W RANDOLPH CIRCLE TALLAHASSEE, FL 32308	1000.00
OWENS, RICKY J 1013 E OAK HILL DR HALIFAX, VA 24558	1000.00
TRAN, THANH 7619 ASPEN PARK DR SAN ANTONIO, TX 78249	1000.00
VINSON, RYAN A 2068 ROXBURY LN CLARKSVILLE, TN 37043	1000.00

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	<b>AMERICAN CLASSICAL LEAGUE</b>		<b>31-0555960</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>MIAMI UNIVERSITY, 422 WELLS MILLS D</b>		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>OXFORD OH 45056</b>		

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

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

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

Telephone No **513-529-7741**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **3/16/09**
- For calendar year , or other tax year beginning **5/01/07**, and ending **4/30/08**
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$

**Signature and Verification**

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

Signature  Title  Date