Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public

Inspection

For the 2009 calendar year, or tax year beginning 8/01 7/31 . 2010 2009, and ending Check if applicable D Employer identification number Please Address change CENTER FOR EDUCATIONAL PATHWAYS, INC. 83-0345654 use IRS label or 106-15 QUEENS BLVD. 4F Name change Telephone number print or type, See Initial return FOREST HILLS, NY 11375 Termination Specific Instruc-Amended return Group Exemption tions Application pendin Number Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Other (specify) ► Check ► |X| If the organization is **not** WWW.EDPATH.ORG Website: ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — |X| 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 96,340. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 8,544 Program service revenue including government fees and contracts 87,796 2 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a **b** Less cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5с 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less, direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7 a 7b **b** Less, cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 8 96,340. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) RECEIVED 10 11 Benefits paid to or for members ,879. 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contracto 566. 13 OCT 26 2010 13 14 Occupancy, rent, utilities, and maintenance 14 673. 15 Printing, publications, postage, and shipping 15 9,445. 43,783. 16 Other expenses (describe ► SEE STATEMENT 16 62,346.17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 33,994. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 9,569. figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,563. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 9,213. 22 41,069. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2 2,500 24 11,177 25 Total assets 11,713. 25 52,246. Total liabilities (describe ► SEE STATEMENT 3 2,144. 26 8,683. Net assets or fund balances (line 27 of column (B) must agree with line 21) 9,569. 43,563. Form 990-EZ (2009) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form	990-EZ (2009) CENTER FOR EDUC				-034	5654 Page 2
Par	III Statement of Program Se	rvice Accomplishments	(See the instructi	ons.)		Expenses
What is	s the organization's primary exempt purpose? SE	E STATEMENT 4			Regi	uired for section (3) and (4) (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the	e organization's exempt purpo	ses. In a clear and con	cise manner,	organ	nizations and section
desci	tibe the services provided, the number of	f peršons benefited, or other re	elevant information for e	each	4947	(a)(1) trusts, optional hers.)
	am title.	CHEC AIMEDNAMINE DA	TIMINAL TO TATE	DACV	101 01	
28	THE ORGANIZATION ESTABLE					
	LEARNING AND CHARACTER DI	EVELOPMENT FOR UNDE	RSERVED YOUTHS	<u>, _SCHOOLS _</u>		
	AND COMMUNITIES.					
	(Grants \$) If the	nis amount includes foreign gra	ants, check here	▶	28 a	
29		•				
23						
					-	
	(Grants \$) If the	nis amount includes foreign gra	ants, check here	<u> </u>	29 a	
30]	
	(Grants \$) If the	nis amount includes foreign gra	ants check here		30 a	
21	Other program services (attach schedule		arits, criccit fiere		300	
31	·		anta ahaali hara	▶ □	31 a	
20		nis amount includes foreign gra	ants, check here		32	
	Total program service expenses (add lin					
Par	t IV List of Officers, Directors					
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa		and other allowances
MTC	HART DIEG	- 		deterred compensa		0.
	HAEL BITZ	EXECUTIVE DIREC	0.		0.	0.
	-15 QUEENS BLVD. SUITE 4F	<u>'</u>]				
FOR	EST HILLS, NY 11375					
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Par	tV Other Information (Note the statement requirements in the instrict for Part V.) SEE	STATEM	<u>ENT</u>	5
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	of 33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the change	s 34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-attach a statement explaining why the organization did not report the income on Form 990-T	т,		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) not reporting, and proxy tax requirements?	tice, 35 a	1	X
b	off 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u>, </u>	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	0. 37t)	Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	a If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A		
	Section 501(c)(7) organizations Enter	37./3	1	
	a Initiation fees and capital contributions included on line 9	N/A		
	Gross receipts, included on line 9, for public use of club facilities.	N/A		
40 a	section 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.		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	1 a 40t)	Х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 €	,	X
41	List the states with which a copy of this return is filed ► NONE			
42 a	a The organization's books are in care of ► Located at ► Telephone no ► ZIP + 4 ►	. 		
Ь	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)?	421	Yes	No X
	If 'Yes,' enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	420	:	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<u></u>	▶ □	N/A N/A
ЛЛ	Did the organization maintain any donor advised funds? If 'Vec ! Form 900 must be completed instead	<u> </u>	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

BAA

Form **990-EZ** (2009)

·····	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and !	onexempt charitab 51.	le trusts must answer	questi	ons	
46 Did 1	the organization engage in direct or indirect obtained by the complete Schedule C	et political campaign act	ivities on behalf of or in	opposition to candidates	46	Yes	No X
•	the organization engage in lobbying activiti		Schedule C. Part II		47		X
	e organization a school as described in se	•		lule F	48		<u>X</u>
	the organization make any transfers to an			1010 L	49 a		X
	es,' was the related organization a section	•	related organization		49 b		
	•	-			استنجا		
50 Com emp	plete this table for the organization's five to loyees) who each received more than \$10	nignest compensated ei 0,000 of compensation	mployees (other than of from the organization. I	iff there is none, enter 'Non	e '		
	Name and address of each employee paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and	(e) Expanded	nt and	
NONE	more than \$100,000	devoted to position		deferred compensation	Other and	owances	
NONE _							
						_	
f Tota	I number of other employees paid over \$1	00,000					
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	dependent contractors	who each received more the	han \$100,	,000 of	:
	(a) Name and address of each independent cont	ractor paid more than \$100,00	0	(b) Type of service	(c) Comp	ensation	3
<u>NONE</u> _							
d Tota	al number of other independent contractors	each receiving over \$	100,000	<u> </u>			
	·	3					
	Under penalties of perjury, I declare that I have exaiting correct, and complete Declaration of preparer	mined this return, including acc	companying schedules and sta	tements, and to the best of my knowledge	wledge and	belief, it	ıs
	1 Mi 1 1 D.	(office from company to baccar of					
Sign	X Muchael SIX			19/18/10	1	_	
Here	Signature of officer	1 0		Date			
	X Michael Bitz, Ex	recutive Dire	ctor				
	Type or print name and title						
Paid	Preparer's	And	Date 9 176 17		parer's Identi		mber
Pre-	signature HENRY A. GLEICH	-11 / - / / ·		employed P P0	004292	.2	
parer's	Firm's name (or HENRY A. GLEICH yours if self	'			4 1000		
Use	employed), - 144 PINE STREET			(0.45	4-1833		
Only	ZIP+4 KINGSTON, NY 12		untions	Phone no ► (845) 339- ►X Yes	4357	No
way the I	RS discuss this return with the preparer sh	iowii above / See institu	LUUID		· A Tes	<u> </u>	110

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name o	of the organization							Employer	ıdentıfıcat	on number		
CEN'	TER FOR EDUC	CATIONAL PATHWAYS	S, INC.					83-03	<u> 345654</u>	1		
Part	Reason for	Public Charity Stat	us (All organizations	must	compl	ete thi	s part.) See	ınstruc	tions		
The o	organization is not a	a private foundation becau	ise it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1	A church, conv	ention of churches or ass	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	A school descr	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E	.)								
3	A hospital or c	ooperative hospital servic	e organization described i	ın sectio	n 170(b)	(1)(A)(ii	i).					
4	A medical rese	earch organization operate	ed in conjunction with a ho	ospital de	escribed	ın secti	ion 170(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
	name, city, and											
5	170(b)(1)(A)(iv)	n operated for the benefit). (Complete Part II.)			·	-		mental	unit desc	ribed in se	ction	
6		e, or local government or	~					_				
7	An organization	n that normally receives a (b)(1)(A)(vi) . (Complete P	ı substantıal part of its suj art !!)	pport fro	m a gov	ernmen	tal unit d	or from t	the gene	ral public d	escrib	ed
8		rust described in section	•	e Part II.)							
9	X An organizatio	n that normally receives	(1) more than 33-1/3 % of	its supp	ort from	contrib	utions, i	member	ship fees	s, and gros	s rece	epts
	investment inc	related to its exempt fundome and unrelated busine See section 509(a)(2). (C	ess taxable income (less s	exception 5	ons, and 11 tax) t	(2) no r from bus	more tha sinesses	an 33-1/ s acquire	3 % of its ed by the	s support fi e organizati	om gr	oss er
10		n organized and operated	• •	blic safe	tv. See :	section	509(a)(4).				
11	An organizatio	n organized and operated	exclusively for the benefi	ıt of. to r	erform	the func	tions of	. or carr	y out the	purposes	of one	or
	describes the	supported organizations organi	described in section 509(a zation and complete lines	1)(1) or s 11e thro	ection 5 ough 11h	09(a)(2) า.	. See se	ection 5	09(a)(3).			
	aType I	b Type II	- [] .) - "	I – Fund	-	-			d 📗	Type III-		
е	By checking the than foundation 509(a)(2).	is box, I certify that the on managers and other that	rganization is not controlle in one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	lisqualificion 509(a	ed persons a)(1) or sec	other tion	r
f	If the organiza	tion received a written de	termination from the IRS t	that is a	Type I,	Type II (or Type	III supp	orting or	ganızatıo n,		
g	Since August	17, 2006, has the organiza	ation accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?			
											Yes	No
		who directly or indirectly ie governing body of the s		ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	•	member of a person des								11g (ii)		
	• • • • • • • • • • • • • • • • • • • •	ontrolled entity of a person	**	0/87						11g (iii)		
h	• •	lowing information about	**							(
	(i) Name of Supported		(III) Type of organization		ls the	60 Did v	ou notify	(4)	s the	(vii) Amour	t of Sur	nort.
	Organization	u (ii) uii	(described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister gove	ion in col I in your erning ment?	the organ	nzation in (i) of	organizat (i) organi	ion in col zed in the S ?	(Vit) Allibur	t of Sup	роп
				Yes	No	Yes	No	Yes	No			
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Total					'				., ., .			

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

Sche	edule A (Form 990 or 990-EZ) 2009	י רבאתבצ ב	OR EDUCATIO	иат. Рачниач	ZS TNC	83-0345654	Page 2
Par	t I Support Schedule for						
<u></u>	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1)			
Cale	tion A. Public Support ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	1				<u>:</u>	
Sec	tion B. Total Support		<u>}</u>	<u>}</u>	ł	11	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, thırd, fourth, o	r fifth tax year as	a section 501(c)(3)	► □
Sec	tion C. Computation of Pu		Percentage	·			
	Public support percentage for 20 Public support percentage from 2	•		e 11, column (f)		14 15	<u>%</u> %
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, ched	ck this box
ł	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box of dicly supported or	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, che	ck this box
17 a	a 10%-facts-and-circumstances tea or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	. Explain in Part I\	/ how
ŀ	o 10%-facts-and-circumstances tea or more, and if the organization or organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	. Explain in Part I\	
18 BAA	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a,			ructions

Page 3

Schedule A (Form 990 or 990-EZ) 2009 CENTER FOR EDUCATIONAL PATHWAYS, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	ked the box on line	9 of Part I)	<u> </u>			
Sec	ion A. Public Support			1			
Caler	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0	0.	0.	0.	0.
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	· · · · · · · · · · · · · · · · · · ·	0.			· · ·	<u></u>
·	7c from line 6.)						0.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	0.	0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add Ins 9, 10c, 11, and 12)						0.
	First five years. If the Form 990 organization, check this box and	stop nere		third, fourth, or	fifth tax year as a	section 501(c)(3)	► X
	tion C. Computation of Pu Public support percentage for 20			13 column (f)		15	
	Public support percentage from 2	•	• •	13, column (1 <i>)</i>)		16	
	tion D. Computation of Inv			<u> </u>		1 10	
	Investment income percentage for				n (f))	17	%
					***	F-44	
17 18	Investment income percentage fi		A, Part III, line 17	7		18	%_
17 18		rom 2008 Schedule ne organization did	not check the box	on line 14, and	line 15 is more tha licly supported org	an 33-1/3%, and lin	
17 18 19a	Investment income percentage for 33-1/3 support tests — 2009. If the	rom 2008 Schedule ne organization did ox and stop here. The organization did	not check the box The organization q not check a box o	on line 14, and jualifies as a publ n line 14 or 19a,	licly supported org and line 16 is mor	an 33-1/3%, and lin anization e than 33-1/3%, ar	ie 17 is not ►

Schedule A	(Form 9	90 or 99	10-EZ) 2	2009	CEN	HER	ruk	EDU	<u>JCA1</u>	TONE	LL PA	THWW:	15, 1	NU.		33-U3	45054	4	Pa	ige 4
Part IV	Supple	ement	al Info	rmat	ion.	Comp	olete	this	part	to p	rovide	the e	explar	ations	s requ	ired b	y Par	t II, lir	ne 10;	
	Part II	, line	7a or	17b;	and	Part	III, III	ne 1	2. Pi	ovide	e any	other	addit	ional	inform	nation	. See	ınstru	ctions	
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2009 `	FEDERAL STATEMENTS		PAGE 1
CLIENT 610	CENTER FOR EDUCATIONAL PATHWAYS, INC.		83-0345654
9/22/10			11 17AM
STATEMENT 1 FORM 990-EZ, PART I, LINE OTHER EXPENSES	16		
ADVERTISING AND PROMOT CONSULTANTS HOSPITALITY INSURANCE	ION	\$	299. 6,007. 266. 1,301.
MISCELLANEOUS EXPENSE OFFICE EXPENSES PROGRAM MATERIALS TRAVEL			1,638. 1,749. 17,992. 14,531.
		TOTAL <u>\$</u>	43,783.
STATEMENT 2 FORM 990-EZ, PART II, LINE OTHER ASSETS	E 24		
ACCOUNTS RECEIVABLE	TOTAL \$	BEGINNING 3 2,500. \$ 3 2,500. \$	ENDING 11,177. 11,177.
STATEMENT 3 FORM 990-EZ, PART II, LINE TOTAL LIABILITIES	E 26		
CREDIT CARDS PAYABLE DEFERRED REVENUE			ENDING 1,467. 6,963.
PAYROLL TAXES PAYABLE	TOTAL §	0. 0. 3 2,144. \$	253. 8,683.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY	Y EXEMPT PURPOSE		
THE ORGANIZATION ESTAB CHARACTER DEVELOPMENT	LISHES ALTERNATIVE PATHWAYS TO LITERACY FOR UNDERSERVED YOUTHS, SCHOOLS AND COM	, LEARNING AND	ı

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO