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Short Form 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)

► 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 \$1,000,000 and total assets less than \$2,500,000 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

AMENDED

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

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
UCOM-Urbanserve, Inc.
Number and street (or P.O. box, if mail is not delivered to street address)
3349 St. Augustine Road
City or town, state or country, and ZIP + 4
Jacksonville, FL 32207-4329

D Employer identification number
59 1927686
E Telephone number
(904) 396-2401
F Group Exemption
Number ►

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

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ►

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

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **212,820.00**

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

1 Contributions, gifts, grants, and similar amounts received	1	212,125.00
2 Program service revenue including government fees and contracts	2	0
3 Membership dues and assessments	3	0
4 Investment income	4	695.00
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 line 5b from line 5a) (attach schedule)	5c	0
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
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	0
7a Gross sales of inventory, less returns and allowances	7a	--
b Less: cost of goods sold	7b	--
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ► <i>RECEIVED MAY 2011 JSC</i>)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	212,820.00
10 Grants and similar amounts paid (attach schedule)	10	175,315.00
11 Benefits paid to or for members	11	0
12 Salaries, other compensation, and employee benefits	12	38,355.00
13 Professional fees and other payments to independent contractors	13	251.00
14 Occupancy, rent, utilities, and maintenance	14	16,874.00
15 Printing, publications, postage, and shipping	15	5,029.00
16 Other expenses (describe ► <i>424.00 - Travel; 4,847 - IRS penalty</i>)	16	5,271.00
17 Total expenses. Add lines 10 through 16	17	241,095.00

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(28,275.00)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	86,268.00
	20 Other changes in net assets or fund balances (attach explanation)	20	(1,913.00)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,080.00

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	85,769.00	22 57,494.00
23 Land and buildings	0	23 0
24 Other assets (describe ► <i>RECEIVED MAY 2011 JSC</i>)	0	24 0
25 Total assets	85,769.00	25 57,494.00
26 Total liabilities (describe ► <i>accrued payroll liabilities</i>)	0	26 (1,414.00)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,769.00	27 56,080.00

69
CS

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

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

What is the organization's primary exempt purpose? <u>Emergency assistance to local residents</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 Emergency assistance to local residents, including food, help with rent and utility payments, and referrals. Services are free to clientele. Distributed over \$145,000 worth of food in 2008.	
(Grants \$ <u>172,491.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>172,491.00</u>
29 Meals on Wheels: Employ part-time coordinator to recruit and oversee volunteer drivers delivering 60-70 meals daily; assist with cost of meals for some clients	
(Grants \$ <u>1,990.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>1,990.00</u>
30 Provide scholarship grants to individuals for tuition for Certified Nursing Assistant training at local colleges. Only 2 scholarships in 2008.	
(Grants \$ <u>835.00</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>835.00</u>
31 Other program services (attach schedule)	
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <u>0</u>
32 Total program service expenses (add lines 28a through 31a)	32 <u>175,316.00</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
Rev. Brett Foster 4001 Hendricks Ave, Jacksonville, FL 32207	President 10	0	0	0
Mildred Daniel 5144 South Pines Dr, Jacksonville, FL 32207	Vice President 10	0	0	0
Cynthia Shank 5118 Damascus Rd S, Jacksonville, FL 32207	Vice President 10	0	0	0
Carol Marell 9761 Chesterfield Dr, Jacksonville, FL 32257	Vice President 10	0	0	0
Susan Speicher 7743 Hilsdale Harbor Ct, Jacksonville, FL 32216	Treasurer 10	0	0	0
Waverly Fant 1261 Alderman Rd E, Jacksonville, FL 32211	Corporate Secretary 10	0	0	0
Nancy Callison 4001 Hendricks Ave, Jacksonville, FL 32207	Recording Secretary 1	0	0	0
Delores George 3600 Grant Owens Rd, Jacksonville, FL 32217	Director 5	0	0	0
Charles Hicks 12710 Varina Ct, Jacksonville, FL 32223	Director 5	0	0	0
Howard Weisz 3421 Hidden Lake Dr, Jacksonville, FL 32216	Director 5	0	0	0
Marion Lyon 2218 Mercer Cir S, Jacksonville, FL 32217	Director 5	0	0	0
Martha McCracken 5604 Duke Rd, Jacksonville, FL 32207	Director 5	0	0	0
Ben Cyrus 7709 Lisa Dr, Jacksonville, FL 32217	Director 5	0	0	0
Barbara Zimlich 4120 San Severa Dr N, Jacksonville, FL 32217	Director 5	0	0	0
Rev. Roosevelt Marell 9761 Chesterfield Dr, Jacksonville, FL 32257	Director 5	0	0	0
John Schnell 4504 Rondeau Dr, Jacksonville, FL 32217	Executive Director 20	\$18,000	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34

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-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a 0

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b

b Did the organization file **Form 1120-POL** for this year? 38a

38a 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 unpaid at the start of the period covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a 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 40c

b Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I 40d

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Enter amount of tax on line 40c reimbursed by the organization 40f

e 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 40g

41 List the states with which a copy of this return is filed. ► None

42a The books are in care of ► Executive Director Telephone no. ► (904) 396-2401
Located at ► 3349 St. Augustine Rd, Jacksonville, FL ZIP + 4 ► 32207-4329

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**.

c 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 ►

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 ► 43 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

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

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
 49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization(s) a section 527 organization?
 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ►		

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.		
	<i>Susan B. Speicher</i>		5/10/2011
	Signature of officer	Date	
Susan B. Speicher, Treasurer			
Type or print name and title			05/10/2011
Paid Preparer's Use Only	Preparer's signature ►	Date ►	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►	Preparer's Identifying Number (See instructions)
		Phone no ► ()	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public
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Name of the organization

UCOM-Urbanserv, Inc.

Employer identification number

59 1927686

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 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 exempt 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). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	242,533	206,443	198,617	178,418	212,125	1,038,136
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	242,533	206,443	198,617	178,418	212,125	1,038,136
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)						0
6 Public support. Subtract line 5 from line 4.						1,038,136

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	242,533	206,443	198,617	178,418	212,125	1,038,136
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86	902	1,311	877	695	3,871
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						1,042,007
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99	%
16a 33½% support test—2008. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33½% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.) N/A
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

N/A

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UCOM-Urbanserve, Inc.

Employer identification number

59 1927686

The following changes (corrections) were made to 2008 Form 990EZ:

- (1) Line 20: accrued payroll liabilities of (1,913) not reported on original filing**
- (2) Line 21: corrected to include payroll liabilities reported in line 20**
- (3) Line 26: accrued payroll liabilities of (1,414) from 12/31/2008 balance sheet; not reported on original filing**
- (4) Line 27: corrected to include liabilities from line 26**
- (5) Schedule A, Form 990EZ, Part I: check line 7 rather than line 1; Part II completed**

The 2008 Form 990 and accompanying schedules needed to be amended because the person who prepared and signed the form did not properly include the accrued liabilities in calculating the net assets at the end of the year. A mistake was also made in the tax-exempt status classification of the organization on Schedule A, the correction of which required the completion of Part II of said schedule.