

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Á F	or the	2014 calendar year, or tax year beginning and e	nding		
B c	heck if	C Name of organization		D Employer identification	ation number
Г	Addres	S COMMUNITY STUDENT LEARNING CENTER			
	Name change			86-10	79263
	]Initial return		Room/suite	E Telephone number	
	Final return/ termin-	333 YAZOO STREET		662-8	34-0905
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,014,953.
	_return	DEXINGION, MS 39093		H(a) Is this a group ret	
L	_ltion pendin	F Name and address of principal officer μερμίε σκεμκ		for subordinates?  H(b) Are all subordinates inc	
	`av.ava	mpt status.	527	1 ' '	st (see instructions)
		e: www.communitystudentlearning.org	02,	H(c) Group exemption	
		organization: Corporation Trust X Association Other	L Year		State of legal domicile MS
-	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities DURIN	G 201	4, THE SIGNI	FICANT
Governance	:	ACTIVITIES CONSISTED OF REHABILITATION AND			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	d of more	than 25% of its net asse	
Š.	3	Number of voting members of the governing body (Part VI, line 1a)		3	8 0
•ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		5	8
ies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		6	0
درنا Activities		Total number of volunteers (estimate if necessary) Total unrelated (อยู่รักโครร revenue from Part VIII, column (C), line 12		7a	0.
Ac L	/a	Net unrelated-business taxable income from Form 990-T, line 34		7b	0.
		2016 9		Prior Year	Current Year
1	8	Contributions and grants (Part VIII) and 1h)		638,815.	1,003,839.
Revenue		Program service revenue (Part-VIII, line 2g)		18,586.	11,114.
- eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	0.
*	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
\\ \frac{1}{2}		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		657,401.	1,014,953.
َ خ چ		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
p 3		Benefits paid to or for members (Part IX, column (A), line 4)	-	303,493.	246,393.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Šeu			o.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		222,742.	265,105.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		526,235.	511,498.
	l	Revenue less expenses Subtract line 18 from line 12		131,166.	503,455.
20			Ве	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		317,806.	822,927.
AS AS		Total liabilities (Part X, line 26)		29,907. 287,899.	31,573. 791,354.
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		207,099.	731,334.
	art II	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the hest of my	knowledge and belief it is
		ties of perjuly, i declare that i have examined this return, including accompanying schedules to t, and complete. Declaration of preparer (other than officer) is based on all information of which			Kilowicago and bullot, Kilo
u ue	, 001160	t, and complete. Deciding of the page (Other than onice) is based on an information of white	- F. 5F W. 01	10-	28-2010
Sig	n	Signature of officer		Date	<del></del>
Her		LESLIE GREER, PRESIDENT			
		Type or print name and title		Data / I a	DI DIN
		Print/Type preparer's name Preparer's signature	<b>(</b> /   '	Date Check C	PTIN
Paid		Alton Turnipseed	d, P.A	Self-employe	
	parer	Firm's name Taylor, Powell, Wilson & Wartford Firm's address Post Office Box 1050	u, P.F	Y• Firm's EIN ▶	
USE	Only	Grenada, MS 38902-1050		Phone no (66	52)226-8050
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)		Tr none no. V	X Yes No
ivia	y u ie ji	AS discuss this return with the preparer shown above? (see instructions)	26		Form 990 (2014)

		990 (2014) COMMUNITY STUDENT LEARNING CENTER	86-1079263	Page 2
1 Bnefly describe the organization's mission' COMMUNITY STUDENTS LEARNING CENTER WAS FORMED FOR THE PURPOSE OF ADDRESSING THE NEEDS OF UNDERPRIVILEGED CHILDREN AND ADULTS IN DISADVANTAGED AREAS OF MISSISSIPPI.THIS PROGRAM PROVIDES LEADERSHIP AND TECHNICAL ASSISTANCE TO IMPLEMENT SUCCESSFUL TRAINING, HOUSING AND  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  40 (Coste ) (Expenses \$ 511,180. notwing grants of \$ ) (Revenue \$ 11,114. PROVISION FOR RENOVATIONS AND BUILDING OF HOUSING FOR LOW INCOME HOUSEHHOLDS. PROVISION FOR TRAINING YOUTH IN THE KNOWLEDGE OF HEALTHY FOOD PRODUCTION AND AGRICULTURAL JOB SKILLS.  4b (Coste ) (Expenses \$ including grants of \$ ) (Revenue	Par	rt III Statement of Program Service Accomplishments		
COMMUNITY STUDENTS LEARNING CENTER WAS FORMED FOR THE PURPOSE OF ADDRESSING THE NEEDS OF UNDERPRIVILEGED CHILDREN AND ADULTS IN DISADVANTAGED AREAS OF MISSISSIPPI.THIS PROGRAM PROVIDES LEADERSHIP AND TECHNICAL ASSISTANCE TO IMPLEMENT SUCCESSFUL TRAINING, HOUSING AND  1 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  2 Did the organization described on the prior of the prior form 990 or 990-E2?  If "Yes," describe these changes on Schedule O.  3 Did the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)) and 501(c)) and 501(c) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, flany, for each program service reported  (code ) (Expenses 5 11, 180. newlong grants of ) (Personals 11, 114.  PROVISION FOR RENOVATIONS AND BUILDING OF HOUSING FOR LOW INCOME  HOUSEHHOLDS.  PROVISION FOR TRAINING YOUTH IN THE KNOWLEDGE OF HEALTHY FOOD  PRODUCTION AND AGRICULTURAL JOB SKILLS.  4b (Code ) (Expenses 5   Including grants of 5   (Personal 5		Check if Schedule O contains a response or note to any line in this Part III		X
ADDRESSING THE NEEDS OF UNDERPRIVILEGED CHILDREN AND ADULTS IN DISADVANTAGED AREAS OF MISSISSIPPI. THIS PROGRAM PROVIDES LEADERSHIP AND TECHNICAL ASSISTANCE TO IMPLEMENT SUCCESSFUL TRAINING, HOUSING AND  10 the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  10 'Yes,' describe these new services on Schedule O.  20 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  11 'Yes,' describe these changes on Schedule O.  21 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  22 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  23 revenue, if any, for each program service reported  24 (cose) [expenses 1	1	Briefly describe the organization's mission.	POSE OF	
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AND TECHNICAL ASSISTANCE TO IMPLEMENT SUCCESSFUL TRAINING, HOUSING AND  1 the grant form 990 or 990EZ?  If "Yes," describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?    Yes   X   No   If "Yes," describe these new services on Schedule 0.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organization's are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported  4a   (Coste   ) (Expenses \$ 511,180.   Including grants of \$   ) (Revenue \$ 11,114. PROVISION FOR RENOVATIONS AND BUILDING OF HOUSING FOR LOW INCOME HOUSEHHOLDS.  PROVISION FOR TRAINING YOUTH IN THE KNOWLEDGE OF HEALTHY FOOD PRODUCTION AND AGRICULTURAL JOB SKILLS.  4b   (Coste   ) (Expenses \$     ) (Revenue \$				
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4d Other program services (Describe in Schedule O )		Other program services (Describe in Schedule O.)		<del></del>
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	40		1	
4e Total program service expenses 511, 180.	<u></u>	F11 100		

Form **990** (2014)

			1	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	٦		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	_	<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	-	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۱		v
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable		!	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	,,,,		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	Part X. line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gon.	2014)

Page 4

			Yes	_No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Zua		
D	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	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
••	contributions? If "Yes," complete Schedule M	30		- 22
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	İ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	[		
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check in Conteduc C Contains a respense of field to any line in this Fart V		<del></del>			
	•		1 20	<del></del> -	Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	ропа	ole gaming			
0-	(gambling) winnings to prize winners?	ı	I	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	8			
L	filed for the calendar year ending with or within the year covered by this return	<u>2a</u>			X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	- 72	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	>)		20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "You " hose it filed a Form 900 T for this year? If "No " the first of the second are a relative to the second and the second are a relative to the second are a second as a second are a second as a second are a second as	_		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		ty over a	_3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a			40		Х
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial a	CCOUI	it) r	4a		
D	If "Yes," enter the name of the foreign country: ►	200110	to (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	COUIT	is (FDAN).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	rtion?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Juon		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e oraș	nization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	o orga	I II Zation Solicit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or	alfts			
U	were not tax deductible?	0110 01	giito	6b		
7	Organizations that may receive deductible contributions under section 170(c).			- J.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1.000 р	romada to trio payo.	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs real	ured			
Ŭ	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7đ	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					٠.
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter.		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b	<u> </u>			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	!			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		<del>  </del>		v
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O		14b		

COMMUNITY STUDENT LEARNING CENTER Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 BEULAH GREER - 662-834-0905

39095

333

YAZOO STREET, LEXINGTON

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#### COMMUNITY STUDENT LEARNING CENTER

86-1079263

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

X Check this box if neither the organization n	or any related	orga	nıza	tion	con	nper	sat	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Pos		) than (	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss per	rson ı	s both	an an	compensation	compensation	amount of
	week	<b>—</b>	l a		1 0010	,,,,,,,,,		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	se or	stee			Highest compensated employee		(W-2/1099-MISC)	(** 25 *********************************	organization
	organizations	trust	Institutional trustee		)yee	aduc		(, , , , , , , , , , , , , , , , , , ,		and related
	below	ndual	tution	. يو	Key employee	lest ci	ğ			organizations
	line)	ig di	Inst	Officer	Ř	至島	Former			
(1) LESLIE GREER	8.00				ļ			_	_	_
PRESIDENT		X	ļ	Х		<u> </u>	L.	0.	0.	0.
(2) DR. ANTHONY J CHAMBERS	1.00	l		ŀ					_	_
SECRETARY	L	X		X		ļ		0.	0.	0.
(3) VINCENT C ALLEN	1.00							_		
VICE PRESIDENT		X		X		<u> </u>		0.	0.	0.
(4) ANTONIO M GREER	1.00							_		_
DIRECTOR	ļ	Х		ļ	ļ			0.	0.	0.
(5) DARRYL JENKINS	1.00							_		
DIRECTOR		X	L			$oxed{oxed}$	<u> </u>	0.	0.	0.
(6) JOYCE R GRAYER	1.00									_
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(7) KATHY ANDERSON	1.00									_
TREASURER		X		X		<u> </u>	L	0.	0.	0.
(8) LISA GILMORE	1.00					İ				
DIRECTOR		X	<u> </u>	<u> </u>	_	ļ		0.	0.	0.
		-								
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<u> </u>	`Section A. Officers, Directors, Trus	(B)	DIOY	ees,		C)	gnes	ST C		1			<b>(F)</b>	
	(A) Name and title	Average			Pos		า		(D)	(E)		_	(F)	. d
	name and title	hours per			heck	more	than		Reportable compensation	Reportable compensation			stimate nount	
		week					or/trus		from	from related		"	other	
		(list any	director						the	organization	ıs	con	pensa	ation
		hours for	or dire	a			ted		organization	(W-2/1099-MI	SC)	f	rom th	e
		related organizations	stee	Institutional trustee		۵	Highest compensated employee		(W-2/1099-MISC)			, ,	janizat	
		below	ual tru	ional		ploye	E S					1	d relat	
		line)	Individual trustee	Stitul	Officer	Key employee	In ples	E G				loig	anızatı	0115
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						_		$\vdash$						
									•					
														_
1b	Sub-total							<b></b>	0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.	ļ		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	€			_
	compensation from the organization			-									W	0
_	Data and the second second	-lkk								1			Yes	No
3	Did the organization list any former officer,		ISTE	е, ке	y en	npio	yee,	or r	nignest compensated en	npioyee on				Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			mno	nea.	tion	and	oth	or componention from the	no organization		3		-
4	and related organizations greater than \$150									ie organization		4		X
5	Did any person listed on line 1a receive or a									lual for services		<del></del>		
	rendered to the organization? If "Yes." com					•			· · <b>9</b>			5		X
Sec	tion B. Independent Contractors												-	•
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of comp	oensa	tion fro	om	
	the organization Report compensation for	the calendar ye	ar e	ndır	ıg w	ith c	or wi	thin	the organization's tax ye	ear				
	(A)				_			- 1	(B)		_		C)	_
	Name and business	address	NC	ONE	<u> </u>			$\dashv$	Description of s	ervices		ompe	nsatio	
		· · · · · · · · · · · · · · · · · · ·											<del>- · · · · · · · · · · · · · · · · · · ·</del>	
	<del></del>													
	<del></del>				<del></del>							<del></del>		
	Total number of independent contractors (ii	ncludina bist na	ot lin	niter	i to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic					(		_	.,					

Form 990 (2014) COMMUNITY STUDENT LEARNING CENTER 80

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

(A) (B)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a	_				
E a	ŀ	Membership dues	1b					
2 8		Fundraising events	1c	······································				
EA.	,	Related organizations	1d		•			
ᅙᆿ	`	Government grants (contributi		877,862.				
Sign		<b>-</b> ,	· —	077,002.				
rti d	T	All other contributions, gifts, gran	· I I	125 077				
들됨		similar amounts not included above	<del></del>	125,977.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines	1a-1f \$		1 003 030			
<u>ਹ ਕ</u>		Total. Add lines 1a-1f		7	1,003,839.			
		mumontal process		Business Code	7 020	7 020	<del>-, </del>	
8	2 a			611710	7,932.	7,932.		
E S	k			531120	2,027.	2,027.	<del></del>	
Š	C		<u>er</u>	611710	935.	935.		
e a	(	SUMMER PROGRAM		611710	220.	220.		
Program Service Revenue	•							
۱ ۵		All other program service reve	nue		11 114			
		Total. Add lines 2a-2f			11,114.			
1	3	Investment income (including	dıvıdends, inter	est, and				
		other similar amounts)		▶				
i	4	Income from investment of tax	k-exempt bond	oroceeds -				
	5	Royalties		<u> </u>			· ·	· · ·
			(ı) Real	(II) Personal				
	6 a	Gross rents	<del></del>	<u> </u>				
	t	Less: rental expenses		<u> </u>				
	•	Rental income or (loss)	L	<u> </u>				LL
	•	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory						
	t	Less cost or other basis						
		and sales expenses						
	•	Gain or (loss)	L					ļJ
	•	Net gain or (loss)						
e	8 8	Gross income from fundraising	g events (not		-			
		including \$	of					
ě		contributions reported on line	1c) See					
Other Rever		Part IV, line 18	•	•				
₹I		Less direct expenses		·L			· · · · · · · · · · · · · · · · · · ·	
١		Net income or (loss) from fund						
	9 8	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	•	•				
	t	Less direct expenses	1	·			·· <del>·····</del>	
		Net income or (loss) from gam			· · · · · · · · · · · · · · · · · · ·			
	10 a	a Gross sales of inventory, less	returns		!			
		and allowances	*	3		•		
		Less, cost of goods sold		·	:			
	٠٠	Net income or (loss) from sale					<del></del>	 
		Miscellaneous Revenu	e	Business Code	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	11 (			<del></del>				<del> </del>
	l	·		<del> </del>		<del></del>	<del></del>	
		. All all as assessed					······································	
		All other revenue			<u> </u>			
		Total. Add lines 11a-11d  Total revenue. See instructions.			1,014,953.	11,114.	0.	0.
	12	INTELLERCHME. OCC HISH OCHOUS.			<u> </u>			

Form 990 (2014) COMMUNITY STU Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp.  Check if Schedule O contains a response			nplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCHISS	90.1012	0.000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			•	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		'		
7	Other salaries and wages	226,990.	226,990.		
8	Pension plan accruals and contributions (include				****
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,403.	19,403.	·	
11	Fees for services (non-employees):		·		
a	Management				
b	Legal				
C	Accounting	10,100.	10,100.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				<del></del>
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	904.	904.		
13	Office expenses	7,316.	7,316.		
14	Information technology				
15	Royalties				
16	Occupancy	6,500.	6,500.		
17	Travel	6,638.	6,638.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,990.	10,990.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,783.	48,465.	318.	
23	Insurance	4,328.	4,328.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REHABILITATE HOUSES	58,695.	58,695.		
a b	EVALUATOR	44,042.	44,042.		
C	CONSTRUCTION MANAGER	19,704.	19,704.	-	
d	UTILITIES	16,345.	16,345.		<del>-                                    </del>
_	All other expenses	30,760.	30,760.		<del></del>
25	Total functional expenses Add lines 1 through 24e	511,498.	511,180.	318.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

Ц.				<del></del>		
	<del></del>	Check if Schedule O contains a response or not	e to any line in this Part X	(4)		(P)
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		16,603.	1	
	2	Savings and temporary cash investments	ŀ		2	<del></del>
	3	Pledges and grants receivable, net	ļ.		3	<del></del>
	4	Accounts receivable, net	ļ ,		4	
	5	Loans and other receivables from current and fo	rmer officers, directors.	<del></del>		
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
v		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	[		9	
	10a	Land, buildings, and equipment, cost or other	]			
		basis Complete Part VI of Schedule D	10a 556,228.			
	ь	Less accumulated depreciation	10b 365,814.	239,197.	10c	190,414.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets	<u>_</u>		14	
	15	Other assets See Part IV, line 11	<u>_</u>	62,006.	15	632,513.
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	317,806.	16	822,927.
	17	Accounts payable and accrued expenses		2,484.	17	4,870.
	18	Grants payable		18		
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities	<u></u> -		20	
	21	Escrow or custodial account liability. Complete I		<del></del>	21	
es	22	Loans and other payables to current and former				
Ħ		key employees, highest compensated employee	is, and disqualified persons			
Liabilities		Complete Part II of Schedule L	A - d 4bdd		22	
_	23	Secured mortgages and notes payable to unrela			23 24	
	24	Unsecured notes and loans payable to unrelated		<u>-</u>	24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines				
		Schedule D	111-2-1, Complete Part A O	27,423.	25	26,703.
	26	Total liabilities. Add lines 17 through 25	ŀ	29,907.	26	31,573.
	20_	Organizations that follow SFAS 117 (ASC 958	), check here			
		complete lines 27 through 29, and lines 33 an				
Ses	27	Unrestricted net assets			27	
a	28	Temporarily restricted net assets			28	
<u>B</u>	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶X			
Ĕ		and complete lines 30 through 34.				
ţs c	30	Capital stock or trust principal, or current funds		0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or ed	í	2,596.	31	2,596.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	· ·	285,303.	32	788,758.
ž	33	Total net assets or fund balances		287,899.	33	791,354.
	34	Total liabilities and net assets/fund balances		317,806.	34	822,927.

	990 (2014) COMMUNITY STUDENT LEARNING CENTER	<u>86</u> -	<u>-1079:</u>	<u> 263</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets			-		
	Check if Schedule O contains a response or note to any line in this Part XI					
	•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	<u>,014</u>	1,9!	<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			.,49	
3	Revenue less expenses Subtract line 2 from line 1	3				<u>55.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		287	7 <u>,89</u>	99.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		<u>791</u>	.,3!	<u>54.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ			لـــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				l
	separate basis, consolidated basis, or both				l	
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			<b></b> _
Ь	Were the organization's financial statements audited by an independent accountant?		ļ.	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	i	ł	l	
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		∤	7,	
	review, or compilation of its financial statements and selection of an independent accountant?		ŀ	2c	X	<del>                                     </del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				,	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		17	$\vdash$
	Act and OMB Circular A-133?		. }	3a	X	<del></del>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc	lit		<u>,</u>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b	X .	
				Form	9 <b>9</b> U (	(2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

		COMM	UNITY STU	DENT LE	ARNING	CENTE	ER		86-1079263
Par	रा∣	Reason for Public C	Charity Status	(All organiza	tions must c	omplete the	s part ) Se	e instructions.	
The c	organi	zation is not a private found					_		
1				· ·	_	•	•	VΔVi)	
2	$\equiv$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
_ i	$\equiv$			•	· ·	470	/L\/ 4\/ A\/::	۸	
3	=	A hospital or a cooperative	•	•				•	
4		A medical research organiza	ation operated in	conjunction w	ith a nospital	described	in sectio	n 170(b)(1)(A)(III). Ente	er the hospital's name,
		city, and state						· · ·	
5		An organization operated for	or the benefit of a	college or univ	ersity owned	d or operate	ed by a go	vernmental unit descri	bed in
		section 170(b)(1)(A)(ıv). (C	complete Part II)						
6		A federal, state, or local gov	vernment or gove	rnmental unit d	described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a sub	stantial part of	its support f	rom a gove	rnmental (	unit or from the genera	I public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)			_			
8		A community trust describe		(b)(1)(A)(vi). (C	Complete Par	t II.)			
9		An organization that normal					ontribution	ns membership fees a	and gross receipts from
•		activities related to its exem	•						
			•	•					<del>-</del>
		income and unrelated busin		ne (less sectio	ii 5 i i tax) iit	iii busines	ses acquii	ed by the organization	raiter Julie 30, 1973
		See section 509(a)(2). (Cor	- ·		<b>6</b> bl	<b>6-1</b> - <b>0</b>			
10		An organization organized a	•	•	•	-			
11		An organization organized a							
		more publicly supported org	-						Check the box in
		lines 11a through 11d that o							
а	L	<b>Type I.</b> A supporting orga	ınızatıon operated	d, supervised, o	or controlled	by its supp	orted orga	anızatıon(s), typıcally b	y giving
		the supported organizatio	on(s) the power to	regularly appo	oint or elect a	ı majority o	f the direc	tors or trustees of the	supporting
		organization You must c	omplete Part IV,	Sections A a	nd B.				
b		Type II. A supporting orga	anızatıon supervi	sed or controlle	ed in connec	tion with its	s supporte	d organization(s), by h	aving
		control or management of							
		organization(s) You mus							
С	Г	Type III functionally inte				ın connect	ion with, a	nd functionally integra	ted with,
Ŭ		its supported organization							
		Type III non-functionally							nization(s)
d	Ь	that is not functionally into							
		· ·							114011033
	T-53	requirement (see instructi							1
е	X							Type I, Type II, Type II	l
		functionally integrated, or		tionally integra	atea supporti	ng organiz	ation		
		r the number of supported o	_						
g		ide the following information		orted organizat	ion(s).	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	()	) Name of supported organization	(ii) EIN		organization on lines 1.9	listed i	n your	support (see	other support (see
		Organization			IRC section		document?	Instructions)	Instructions)
				(see ins	tructions))	Yes	No	<u> </u>	<del></del>
					····	ļ			
					· · · · · · · · · · · · · · · · · · ·				
						†			-
Tota									

Schedule A (Form 990 or 990-EZ) 2014 COMMUNITY STUDENT LEARNING CENTER 86-1079263 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						-
	membership fees received (Do not						
	include any "unusual grants ")	1154808.	947,143.	576,617.	638,815.	1003839.	4321222.
2	Tax revenues levied for the organ-						<u></u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		·			-	
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1154808.	947,143.	576,617.	638,815.	1003839.	4321222.
	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)						
e	Public support. Subtract line 5 from line 4		· · · · · · · · · · · · · · · · · · ·				4321222.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1154808.	947,143.	576,617.	638,815.	1003839.	4321222.
-	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
0	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
IU	or loss from the sale of capital						
	assets (Explain in Part VI )						
44	Total support. Add lines 7 through 10						4321222.
	Gross receipts from related activities,	etc (see instruction	ine)			12	75,379.
	First five years. If the Form 990 is for			d fourth or fifth to	l x vear as a section		
13	organization, check this box and stor		mat, accord, triil	2, 100mm, Or mar ta	, oui ao a occitor	. 55 ((5)(5)	<b></b>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2014 (li			olumn (f))		14	100.00 %
	Public support percentage from 2013		•	`"			100.00 %
	33 1/3% support test - 2014. If the o			n line 13, and line 1	14 is 33 1/3% or m	\ <del></del>	
	stop here. The organization qualifies	=					$\triangleright X$
b	33 1/3% support test - 2013. If the o			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
_	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances test	•			13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					· <b>3-</b> ··	ightharpoons
h	10% -facts-and-circumstances test	-				7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						<u></u> _
						dulo A (Form 000	

## 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	est, product comp		<del></del>			· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 organ- ization'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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<del> </del>					
8 Public support (Subtract line 7c from line 6) 1 Section B. Total Support			<u> </u>		1	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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>b</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 VI)						
13 Total support (Add lines 9, 10c, 11, and 12)		L	J	<u> </u>		
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ux year as a sectio	n 501(c)(3) organiza	ition,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public					11	
15 Public support percentage for 2014 (lir		•	olumn (f))		15	
16 Public support percentage from 2013 Section D. Computation of Invest					16	
Section D. Computation of Invest			20 12 column (A)		17	
17 Investment income percentage for 20			ne 13, column (f))		17	
18 Investment income percentage from 2			on line 14 and line	15 is more that	18   33 1/3% and line 17	
19a 33 1/3% support tests - 2014. If the of more than 33 1/3%, check this box and						is not
b 33 1/3% support tests - 2013. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec						▶⊨
20 Private foundation. If the organization	i did not check a	DOX ON IINE 14, 19	a, or ≀9D, cneck tr	ns dox and see in	Structions	▶∟

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	A. A	II Sup	porting	Org	ganizatio	ns
---------	------	--------	---------	-----	-----------	----

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

-	Yes	No
1		
2		
3a		
3b		
3c		
<u>4a</u>		
4b		
4-		
4c		
5a		
5b		
5c		
6		
	<u> </u>	
7	-	
8		
9a		
9b	-	
90		
9c		-
10a		
10b	-	

	dule A (Form 990 or 990-EZ) 2014 COMMUNITY STUDENT LEARNING CENTER 86-10	7926	3 Pa	age 5
Pai	t IV   Supporting Organizations (continued)	,		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ŀ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		
	below, the governing body of a supported organization?	11a	$\vdash$	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c	ـــــا	
Sec	tion B. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<del></del>		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>	<b> </b>	<u> </u>
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ		<u> </u>
	activities but for the organization's involvement	<u>2</u> b	<b> </b>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	-	<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2014 COMMUNITY STUDENT LEARN			86-1079263 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ructions. All
	<ul> <li>other Type III non-functionally integrated supporting organizations must contain</li> </ul>	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		,	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u> </u>	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally-ıntegrat	ed Type III supporting or	ganızatıon (see

instructions)

Par	t V Type III Non-Functionally Integrated 509(		-11	6-10/9263 Pa	age 7
	on D - Distributions	a)(o) Supporting Orga	nizations (continued)	Current Year	
	Amounts paid to supported organizations to accomplish exer	mnt nurnaeee		Current rear	
	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	t purposes or supported			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations			
	Amounts paid to acquire exempt-use assets	is or supported organizations			
	Qualified set-aside amounts (prior IRS approval required)		<del></del>	, , , , , , , , , , , , , , , , , , ,	
	Other distributions (describe in Part VI) See instructions.	<del></del>			
	Total annual distributions. Add lines 1 through 6	,			
	Distributions to attentive supported organizations to which the	ne organization is responsive		· , · <del></del> - · , · , <del>·</del> · · · · · · · · · · · · · · · · · ·	
•	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·		
	Line 8 amount divided by Line 9 amount				
		(i)	(ii)	(iii)	
		Excess Distributions	Underdistributions	Distributable	
Section	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014	1
1	Distributable amount for 2014 from Section C, line 6				
	Underdistributions, if any, for years prior to 2014		-		
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014				
а		·			
b					
С					
d				<u> </u>	
е_	From 2013				
f	Total of lines 3a through e				
9	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount		*		
i	Carryover from 2009 not applied (see instructions)				
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2014 from Section D,				
	line 7 \$				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
	Remainder Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
_	greater than zero, see instructions)				
6	Remaining underdistributions for 2014 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)				
7	Excess distributions carryover to 2015. Add lines 3				
	and 4c				
	Breakdown of line 7	·			
<u>a</u>					
<u>b</u>					
<u> </u>	5 60 0010				
	Excess from 2013				
е	Excess from 2014	L			

Schedule /	A (Form 990 or 990-EZ) 201	4 COMMUNITY	STUDENT	<u>LEARNING</u>	CENTER	86-1079263	Page 8
Part VI	<ul> <li>Supplemental Info</li> </ul>	rmation. Provide th	ne explanations re	equired by Part II,	line 10; Part II, line	86-1079263 17a or 17b, and Part III, line 12	2
	Also complete this part	for any additional infor	mation (See inst	ructions).			
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

COMMUNITY STUDENT LEARNING CENTER

Employer identification number 86-1079263

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	•	Yes 🗀 No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre-		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>S</b>

		TY STUDENT				. Oth	Cinaila	86-10			ige 2
Щ_											
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	are a sig	ınıficant ı	use of its c	offection i	tems	
	(check all that apply)										
a	Public exhibition	c	<b>,</b>		hange progra	ams					
b	Scholarly research	€	• []	Other				_			
Ç	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII		
5	During the year, did the organization solicit of					r sımılar	assets	r	_		1
Do	to be sold to raise funds rather than to be ma								Yes		No
Fai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "	'Yes" to I	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod	an or other intermed	liary for o	contribution	s or other ass	sets not II	ncluded	_	7	$\overline{}$	
	on Form 990, Part X?							L	」 Yes	لـــا	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able							
							<del></del>	ļ	Amount		
C	Beginning balance						1c	ļ			
d	Additions during the year						<u>1d</u>		·····		
e	Distributions during the year						1e				
f	Ending balance	000 B . V .					<u>1f</u>		٦,,		<del></del>
	Did the organization include an amount on F	•	•				ty?		」 Yes	$\vdash$	No
Pai	If "Yes," explain the arrangement in Part XIII										
rai	t V Endowment Funds. Complete							baal.	(-) [		
	Decree of control of	(a) Current year	(b) H	rior year	(c) Two year	S Dack	(a) Three	years back	(e) Four	years t	ack
1a	Beginning of year balance								<u> </u>		
b	Contributions			<del></del>							
C	Net investment earnings, gains, and losses				<del> </del>						—
d	Grants or scholarships	<del></del>			<del>                                      </del>		<del></del> ·		<u> </u>		
е	Other expenditures for facilities		:						ł		
	and programs					<del></del>					
f	Administrative expenses					<del></del>			<del>                                     </del>		
g	End of year balance	ent year and halana	. /upo 1e	- column (a)	\\ bold as:				<u> </u>	-,	
2	Provide the estimated percentage of the cur	ent year end balance		j, column (a	)) rielu as						
a	Board designated or quasi-endowment	%	_%								
b	Permanent endowment	% %									
С	Temporarily restricted endowment	<del></del>									
2-	The percentages in lines 2a, 2b, and 2c should have there endowment funds not in the posses		ation tha	t are held ar	nd administer	ed for the	organiz	ation			
за		ssion of the organiza	alion ina	l ale liciu al	iu auministei	ed lot lin	o organiz	allon	[·	Yes	No
	(i) unrelated organizations								3a(i)		140
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	e lieted as required o	n Sched	ula R2					3b		
4	Describe in Part XIII the intended uses of the	*							[ 00 ]		
Pai			********	orido		-					—
	Complete if the organization answere		Part IV	line 11a S	ee Form 990	Part X. I	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulat	ed	(d) Book	value	
	becomplied of property	basis (investr			(other)		reciation		(4) 2000	- 4.00	
10	Land				0,319.				10	, 31	9.
b	Buildings				8,550.		4,6	66.		,88	
~	Leasehold improvements	<del></del>					<u> </u>				
d	<u> </u>	<del></del>	-	31	1,069.		286,9	51.	24	,11	8.
	Other				6,290.		74,1			, 09	
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colun					ightharpoonup		,41	

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B). line 10c.)

	Complete if the organization answered feet to Form 990, Fai	LIV, line The OF THE SEET	JIII 330, FAIL X, IIII6 23
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	PAYROLL TAX LIABILITIES	99	0.
(3)	N/P - CAPITALIST WEALTH MAKER		
(4)	INVESTORS	23,36	2.
(5)	BANK OVERDRAFT	2,35	1.
(6)			
(7)			
(8)			]
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 26,70	3.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

hedule D (Form 990) 2014 COMMUNITY STUDENT LE		86-1079263 Pag
art XI Reconciliation of Revenue per Audited Financial		e per Return.
Complete if the organization answered "Yes" to Form 990, Part		
Total revenue, gains, and other support per audited financial statement	ts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · ·
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ne 12.)	5
art XII Reconciliation of Expenses per Audited Financia		ses per neturn.
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	<del></del>
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Part XIII Supplemental Information.	line 18.)	5
es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.	
	<del>- 4.00</del>	

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

X

X

X

X

X

X

X

X

X

4a

4b

4c

5a

5b

6a

6b

7

8

Name of the organization

COMMUNITY STUDENT LEARNING CENTER

**Employer identification number** 

86-1079263 **Questions Regarding Compensation** Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing

organization or a related organization.

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

86-1079263

Page 2

COMMUNITY STUDENT LEARNING CENTER

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base	(ii) Bonus &	(iii) Other	other deferred compensation	benefits	(B)(I)·(D)	in column (B) reported as deferred .
		compensation	compensation	compensation				in prior Form 990
	(E)							
	(E)							
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432112							Schedu	Schedule J (Form 990) 2014

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Name of the organization

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Inspection

**Employer identification number** 

						ING CENTER			86	<u>-10</u>	<u> 792</u>	<u>63</u>		
Part I Excess Bene	efit Trans	actio	ons (section 50	)1(c)(3	), sect	on 501(c)(4), and 50	1(c)	(29) organization	s only	)				
Complete if the c	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b			
1		(b) Relationship between disqualified			ified						(d) Corrected?			
(a) Name of disqualified p	person	(-,	person and organization			(0	c) D	escription of tran	sactio	n	Yes			No
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	<del></del>											+-	-+	
· · · · · · · · · · · · · · · · · · ·	<del></del> +											<del></del>		
2 Enter the amount of tax i	ncurred by t	the or	ganization mana	agers	or disc	ualified persons duri	ına 1	the year under						_
section 4958			<b>5</b>			, a a marine para a a marine		,		•				
3 Enter the amount of tax,	if any on his		shava raimhura	od by	the er	ranization				•				
5 Litter the amount of tax,	ii ariy, Ori iir	I <del>C</del> 2, 6	above, reimbursi	eu by	me oré	gariization				Φ				<del></del>
Part II Loans to and	/or From	Inte	erested Pers	ons										
· · · · · · · · · · · · · · · · · · ·	-					, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26, d	or if the	e orga	nızatıo	n	
reported an amo			Part X, line 5, 6											
(a) Name of	(b) Relation		(c) Purpose		an to or	(e) Original	(1	) Balance due	(g)		(h) Api	proveo ard or	(') ''	ritten
interested person	with organiz	ation	of loan		zation?	principal amount			defa	ult?	comm	uttee?	ttee? agreement?	
	]			То	From				Yes	No	Yes	No	Yes	No
	<u> </u>		<del></del> -											
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Total	· · · · · · · · · · · · · · · · · · ·			<b>L</b>		▶ \$	<u> </u>	•						
Part III   Grants or As	sistance	Ben	efiting Inter	estec	Per	sons.								
			_											
Complete if the c		т									<del></del>			
(a) Name of interested person		(b) Relationship between						d) Type of			(e) Purpose of assistance			
			interested pers the organiza		a	assistance	assistance assistar		ce assis			2001010	stance	
		—	trie Organiza	LIOII										
									-					
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Sched	ule L (Form 990 or 990-EZ) 20	14 COMMUN	ITY STUDEN	T LEARNING	G CENTER	86-1079	263	Page 2
Part	No Business Transac Complete if the organiz		_		8b or 28c			
	(a) Name of interested per		(b) Relationship b	etween interested be organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
CAP	TALIST WEALTH	MAKER TN	A LIMITED	T.TARTI.TTY	23 362.	CAPITALIST	Yes	No X
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Part	V Supplemental Info		nses to questions of	on Schedule L (see i	nstructions)			<u> </u>
Sch	L, Part IV, Bu	siness T	ransaction	s Involvin	g Intereste	d Persons:		
<u>(a)</u>	Name of Person	: CAPITA	LIST WEALT	H MAKER IN	VESTORS, LI	ıC		
<u>(b)</u>	Relationship B	etween I	nterested	Person and	Organizati	on:		
A L	MITED LIABILIT	Y COMPAN	Y OWNED BY	LESLIE GR	EER, PRESI	ENT OF THE	BOAR	D
<u>(d)</u>	Description of	Transac	tion: CAPI	TALIST WEA	LTH MAKER I	NVESTORS, L	LC	
MAD:	E A LOAN TO COM	MUNITY S'	TUDENT LEA	RNING CENT	ER FOR WORK	ING CAPITAL	•	
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### **SCHEDULE O**

(Form 990 dr 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public

Inspection

COMMUNITY STUDENT LEARNING CENTER

Employer identification number 86-1079263

Form 990, Part I, Line 1, Description of Organization Mission:
LOW INCOME HOUSEHOLDS AND TO EXPAND THE KNOWLEDGE OF YOUTH IN THE
COMMUNITY TO HEALTHY FOOD ACCESS AND AGRICULTURAL JOB SKILLS.
Form 990, Part III, Line 1, Description of Organization Mission:
EDUCATION.
Form 990, Part VI, Section A, line 2:
CAPITALIST WEALTH MAKER INVESTORS, LLC (A LIMITED LIABILITY COMPANY OWNED
BY LESLIE GREER, PRESIDENT OF THE BOARD AND BOARD MEMBER AND BEULAH GREER)
LOANED THE ORGANIZATION \$38,142 IN PRIOR YEARS. THE ENTITY HAS REPAID
\$14,780 OF THE DEBT.
Form 990, Part VI, Section B, line 11:
THE TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE PRESIDENT OF
THE ORGANIZATION BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE
SERVICE. THE RETURN IS AVAILABLE TO BE REVIEWED AT THE NEXT SCHEDULED
BOARD MEETING.
Form 990, Part VI, Section B, Line 12c:
EACH GOVERNING MEMBER (INCLUDING ALL BOARD MEMBERS, DIRECTORS AND OFFICERS)
IS REQUIRED ANNUALLY TO SUBMIT WRITTEN PROOF OF COMPLIANCE. ADDITIONALLY,
THE BOARD MEMBERS, DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY
NON-COMPLIANCE AND ABSTAIN FROM VOTING, DISCUSSING OR INFLUENCING THE
DECISION OF THE BOARD OR KEY EMPLOYEES.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization COMMUNITY STUDENT LEARNING CENTER	Employer identification number 86-1079263
Form 990, Part VI, Section B, Line 15:	
THE BOARD APPROVES ALL COMPENSATION AND IS RECORDED IN THE	BOARD MINUTES.
Form 990, Part VI, Section C, Line 19:	
THE NECESSARY DOCUMENTATION INCLUDING THE COMPANY FINANCIA	L STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT PROCESS OR SEL	ECTION
PROCESS OF THE INDEPENDENT ACCOUNTANTS.	