

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Header section A through K containing organization details: College Language Association, PO Box 453, Stone Mountain, GA 30086, EIN 22276940, website www.clascholars.org.

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

Main table with 21 rows. Revenue section (lines 1-9) totals 95,427. Expenses section (lines 10-17) totals 74,232. Net Assets section (lines 18-21) totals 158,587.

SCANNED FEB 21 2013

90

1706

06

RECEIVED OGDEN, ILL. IRS

158,587 -> 158,587

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	137,392	158,587
23 Land and buildings	11	11
24 Other assets (describe in Schedule O)		
25 Total assets	148,403	169,608
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,392	158,587

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 _____ _____		
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
32 Total program service expenses (add lines 28a through 31a) _____	31a	32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Clement Akassi Dept. World Languages Howard Univ Washington, DC 20059	President 10 hrs			
D. Akiba Harper Dept. of English Spelman College Atlanta, GA	Vice Pres. 10 hrs			
Reginald Bess Dept. of Foreign Languages SC State Univ	Secretary 10 hrs			
Yvonne McIntosh English & Modern Languages Dept Florida A&M Univ Tallahassee, FL 32307	Assistant Sec 5hrs			
Elizabeth West English Dept. Georgia State University Atlanta, GA 30303	Treasurer 10hrs			
Mario Chandler, Oglethorpe University 4494 Peachtree Rd, NE Atlanta, GA 30319	Asst. Treas. 10hrs			
Dana Williams English Department Howard Univ Washington, DC 20059	Immediate Past Pres			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2016) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, borrowing, tax, and controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here		December 29, 2017
	Elizabeth J. West, Treasurer	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

2016

**Open to Public
Inspection**

Name of the organization

COLLEGE LANGUAGE ASSOCIATION

Employer identification number

22276940

PART 18. OTHER REVENUE \$47,564

8. CLA JOURNAL SUBSCRIPTIONS \$45,489; ROYALTIES \$260; DONATIONS \$1815

18 OTHER EXPENSES \$40,899

Convention Costs, Stoney Creek Hotel 21,636, \$3131; Supplies/Equipment \$126

Phone/Fax/Merchnt Services \$1069; Awards/Processing Fees/Stipends \$12,097

Miscellaneous (refunds, amenities) \$2840