

2008 Exempt Org. Return
prepared for:

The English Center
66 Franklin Street Suite 300
Oakland, CA 94607

BEDINGER & CO
1200 CONCORD AVE SUITE 250
CONCORD, CA 94520-4915

December 7, 2009

Marcy Jackson
The English Center
66 Franklin Street Suite 300
Oakland, CA 94607

Dear Marcy:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before February 16, 2010 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2008 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by June 15, 2010. Mail the California return on or before June 15, 2010 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

It is recommended that all returns be postmarked using certified return receipt as a proof of filing timely. Copies of all the returns are enclosed for your files and it is suggested that you retain these copies indefinitely.

Please be sure to call us if you have any questions.

Sincerely,

INFORMATION ONLY

Bedinger & Company
Certified Public Accountants

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization THE ENGLISH CENTER | Employer identification number 94-2416184 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. 66 FRANKLIN STREET #300 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607 | |

Check type of return to be filed (file a separate application for each return):

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

- The books are in the care of ▶ MARCY JACKSON -----

Telephone No. ▶ 510-836-6700 ----- FAX No. ▶ 510-836-6900 -----

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2009)



Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

| | | | |
|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See specific instructions. | THE ENGLISH CENTER 66 FRANKLIN STREET #300 OAKLAND, CA 94607 | D Employer Identification Number 94-2416184 E Telephone number 510-836-6700 G Gross receipts \$ 1,031,619. |
| F Name and address of principal officer: SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small> | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.ENGLISHCENTER.EDU | | L Year of Formation: 1977 M State of legal domicile: CA | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

| Part I Summary | | | |
|---|--|--------------------------|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE TRAINING IN ENGLISH, TECHNOLOGY AND CAREER READINESS AS WELL AS CAREER COUNSELING AND EMPLOYMENT SERVICES TO LIMITED ENGLISH SPEAKING INDIVIDUALS. PROVIDE TRAINING AND BUSINESS SERVICES FOR EMPLOYERS OF LIMITED ENGLISH SPEAKERS.</u> | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 48 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 20 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 770,059. | 853,177. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 221,711. | 139,914. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 12,344. | 608. |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,110. | 14,030. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,010,224. | 1,007,729. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 715,647. | 750,879. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 280,912. | 234,144. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 996,559. | 985,023. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 13,665. | 22,706. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 534,209. | 537,122. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 171,621. | 157,098. |
| | | 362,588. | 380,024. |

| | | | |
|---|--|-------|---|
| Part II Signature Block | | | |
| 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 | Signature of officer | Date | |
| | INFORMATION ONLY | | |
| | Type or print name and title. | | |
| Paid Preparer's Use Only | Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no. ▶ |
| | BEDINGER & CO 1200 CONCORD AVE SUITE 250 CONCORD, CA 94520-4915 | N/A | (925) 603-0800 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

PROVIDE TRAINING IN ENGLISH, TECHNOLOGY AND CAREER READINESS AS WELL AS CAREER COUNSELING AND EMPLOYMENT SERVICES TO LIMITED ENGLISH SPEAKING INDIVIDUALS. PROVIDE TRAINING AND BUSINESS SERVICES FOR EMPLOYERS OF LIMITED ENGLISH SPEAKERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 (Code:) (Expenses \$ 617,394. including grants of \$) (Revenue \$)

TRAINING PROGRAMS: THE CAREER ADVANCEMENT PROGRAM AND THE INTENSIVE ENGLISH LANGUAGE PROGRAM PROVIDED 229 ENGLISH LANGUAGE LEARNERS WITH ENGLISH LANGUAGE FLUENCY, TECHNOLOGY SKILLS AND CAREER READINESS, PREPARING THEM TO ENTER OR RE-ENTER CAREERS WITH ADVANCEMENT POTENTIAL AND TO CONTINUE THEIR HIGHER EDUCATION. 7200 HOURS OF CLASSES WERE DELIVERED.

4b (Code:) (Expenses \$ 147,953. including grants of \$) (Revenue \$)

CAREER CENTER: THE ON-SITE CAREER CENTER PROVIDED COUNSELING AND EMPLOYMENT SERVICES TO 240 NEW CLIENTS AND TESTING SERVICES FOR 829 CLIENTS.

4c (Code:) (Expenses \$ 42,310. including grants of \$) (Revenue \$)

CIVIC PARTICIPATION: THE CIVIC PARTICIPATION PROJECT INTRODUCED 111 BEGINNING TO INTERMEDIATE LEVEL ENGLISH LANGUAGE LEARNERS TO BASIC CONCEPTS AND INSTITUTIONS IN AMERICAN CULTURE-THE WORKPLACE, SCHOOLS, HEALTH/MEDICAL, AND FINANCES/BANKING.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 807,657. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | Yes | No | |
|--|-----|----|---|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> | 1 | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> | 3 | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> | 4 | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> | 5 | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> | 8 | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | 10 | | X |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | 11 | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> | 12 | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> | 13 | X | |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> | 14b | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i> | 15 | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> | 16 | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> | 17 | | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> | 18 | | X |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> | 19 | | X |
| 20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> | 20 | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | 21 | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | 22 | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> | 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> | 24a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> | 25a | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> | 25b | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> | 27 | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28a | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28b | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | 32 | X |
| 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? <i>If 'Yes,' complete Schedule R, Part I.</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> | 34 | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 35 | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | 36 | 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> | 37 | X |

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | | |
| 1a | 3 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| 2a | 48 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| 6b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make any distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from other members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | | |

BAA

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|---|-----|----|
| <i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> | | | |
| 1 a | Enter the number of voting members of the governing body | | |
| 1 b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O | X | |
| 3 | 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? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7 b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? | | X |
| 9 a | Does the organization have local chapters, branches, or affiliates? | | X |
| 9 b | If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O | X | |
| 11 | Is there any officer, director or 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 | | X |

Section B. Policies

| | | Yes | No |
|-------------|--|-----|----|
| 12 a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | X | |
| 12 b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12 c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 15 | 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: | | |
| 15 a | The organization's CEO, Executive Director, or top management official? | X | |
| 15 b | Other officers of key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O. (see instructions) | | X |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16 b | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MARCY JACKSON 66 FRANKLIN ST, #300 OAKLAND CA 94607 510-836-6700

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JENNIE MOLLIKA SECRETARY | 0 | | | X | | | 0. | 0. | 0. | |
| TONY VIGO BOARD MEMBER | 0 | X | | | | | 2,596. | 0. | 0. | |
| NIKKI HARRIS TREASURER | 0 | | | X | | | 0. | 0. | 0. | |
| ANNA FALVO CASTIAUX BOARD MEMBER | 0 | X | | | | | 0. | 0. | 0. | |
| ANA RAMIREZ BOARD MEMBER | 0 | X | | | | | 0. | 0. | 0. | |
| GUSTAVO EYDELSTEYN BOARD MEMBER | 0 | X | | | | | 0. | 0. | 0. | |
| MARCY JACKSON EXEC DIRECTOR | 40 | | | X | | | 70,816. | 0. | 0. | |
| OSCAR RESENDIZ BOARD MEMBER | 0 | X | | | | | 0. | 0. | 0. | |
| SEENA D. ALENICK-CLARK PRESIDENT | 0 | | | X | | | 0. | 0. | 0. | |
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Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|--|---|---|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | 738,193. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 114,984. | | | |
| | g Noncash contribns included in lns 1a-1f: \$ | | | | | |
| h Total. Add lines 1a-1f ▶ | | 853,177. | | | | |
| PROGRAM SERVICE REVENUE | 2 a <u>TUITION</u> | Business Code | | | | |
| | | | 38,731. | 38,731. | | |
| | b <u>HOMESTAY</u> | | 1,800. | 1,800. | | |
| | c <u>STUDENT FEES</u> | | 92,059. | 92,059. | | |
| | d <u>VOCATIONAL INSURANCE</u> | | 7,324. | 7,324. | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f ▶ | | 139,914. | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) ▶ | | 608. | 608. | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6 a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| | | c Net income or (loss) from fundraising events ▶ | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | | b | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 35,617. | | | | |
| | b Less: cost of goods sold | b | 23,890. | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 11,727. | 11,727. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a <u>MISCELLANEOUS</u> | | | 2,303. | 2,303. | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d ▶ | | 2,303. | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | 1,007,729. | 154,552. | 0. | 0. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 73,412. | 60,006. | 13,406. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages. | 543,226. | 444,023. | 99,203. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). | 29,880. | 23,883. | 5,997. | |
| 9 Other employee benefits. | 51,759. | 41,371. | 10,388. | |
| 10 Payroll taxes. | 52,602. | 42,044. | 10,558. | |
| 11 Fees for services (non-employees). | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Prof fundraising svcs. See Part IV, ln 17. | | | | |
| f Investment management fees. | | | | |
| g Other. | 8,460. | 8,460. | | |
| 12 Advertising and promotion. | 4,281. | 4,281. | | |
| 13 Office expenses. | | | | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 91,952. | 80,458. | 11,494. | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 18,660. | | 18,660. | |
| 23 Insurance. | 4,654. | | 4,654. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a <u>EQUIPMENT</u> | 26,082. | 26,082. | | |
| b <u>OTHER STUDENT EXPENSE</u> | 19,423. | 19,423. | | |
| c <u>PRINTING AND PUBLICATIONS</u> | 11,088. | 9,703. | 1,385. | |
| d <u>ACCREDITATION & LICENSING</u> | 8,384. | 8,384. | | |
| e <u>MISCELLANEOUS</u> | 7,959. | 7,959. | | |
| f All other expenses. | 33,201. | 31,580. | 1,621. | |
| 25 Total functional expenses. Add lines 1 through 24f. | 985,023. | 807,657. | 177,366. | 0. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|--|--|--------------|--------------------|
| ASSETS | 1 | Cash — non-interest-bearing | | 1 |
| | 2 | Savings and temporary cash investments | 157,633. | 2 137,198. |
| | 3 | Pledges and grants receivable, net | 52,045. | 3 96,114. |
| | 4 | Accounts receivable, net | 25,054. | 4 48,069. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 |
| | 7 | Notes and loans receivable, net | | 7 |
| | 8 | Inventories for sale or use | 3,389. | 8 4,122. |
| | 9 | Prepaid expenses and deferred charges | 19,402. | 9 10,022. |
| | 10a | Land, buildings, and equipment: cost basis | 10a 258,550. | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b 212,430. | 10c 46,120. |
| | 11 | Investments — publicly-traded securities | | 11 |
| | 12 | Investments — other securities. See Part IV, line 11 | | 12 |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 |
| | 14 | Intangible assets | | 14 |
| | 15 | Other assets. See Part IV, line 11 | 230,953. | 15 195,477. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 534,209. | 16 537,122. | |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 95,533. | 17 51,446. |
| | 18 | Grants payable | | 18 |
| | 19 | Deferred revenue | 76,088. | 19 105,652. |
| | 20 | Tax-exempt bond liabilities | | 20 |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 | Unsecured notes and loans payable | | 24 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 |
| | 26 | Total liabilities. Add lines 17 through 25 | 171,621. | 26 157,098. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | 362,588. | 27 380,024. |
| | 28 | Temporarily restricted net assets | | 28 |
| | 29 | Permanently restricted net assets | | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 |
| | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 31 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 |
| 33 | Total net assets or fund balances. | 362,588. | 33 380,024. | |
| 34 | Total liabilities and net assets/fund balances. | 534,209. | 34 537,122. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If 'Yes,' did the organization undergo the required audit or audits? | X | |

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE ENGLISH CENTER

Employer identification number

94-2416184

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

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) a family member of a person described in (i) above? | 11 g (ii) | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

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

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 4 Total. Add lines 1-3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. | 15 | % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 16b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

THE ENGLISH CENTER

Employer identification number

94-2416184

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE ENGLISH CENTER

94-2416184

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|---|
| 1 | Y & H SODA FOUNDATION ----- 16335 SCHOOL STREET ----- MORAGA, CA 94556 ----- | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | VAN LOBEN SELS/REMBE ROCK FNDN ----- 131 STEUART STREET, STE 301 ----- SAN FRANCISCO, CA 94105 ----- | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 3 | WALTER & ELISE HAAS FNDN ----- ONE LOMBARD ST, STE 305 ----- SAN FRANCISCO, CA 94111 ----- | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 4 | THE THOMAS J LONG FNDN ----- 2950 BUSKIRK AVE., SUITE 160 ----- WALNUT CREEK, CA 94597 ----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

| | |
|---|---|
| Name of organization THE ENGLISH CENTER | Employer identification number 94-2416184 |
|---|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|------------------------|--|--|
| N/A | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

THE ENGLISH CENTER

94-2416184

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Revenues, Assets. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book Value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 19,483. | 5,422. | 14,061. |
| d Equipment | | 223,678. | 193,743. | 29,935. |
| e Other | | 15,389. | 13,265. | 2,124. |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 46,120. |

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|--|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1,007,729. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 985,023. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 22,706. |
| 4 | Net unrealized gains (losses) on investments | | -5,270. |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4-8 | | -5,270. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 17,436. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,002,459. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains on investments | 2a | |
| | b Donated services and use of facilities | 2b | |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIV) SEE PART XIV | 2d | -5,270. |
| | e Add lines 2a through 2d | 2e | -5,270. |
| 3 | Subtract line 2e from line 1 | 3 | 1,007,729. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIV) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 1,007,729. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 985,023. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2a | |
| | b Prior year adjustments | 2b | |
| | c Losses reported on Form 990, Part IX, line 25 | 2c | |
| | d Other (Describe in Part XIV) | 2d | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 985,023. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | 4a | |
| | b Other (Describe in Part XIV) | 4b | |
| | c Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 985,023. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

| | | |
|------------------------------------|-------|-------------------|
| UNREALIZED LOSS ON INVESTMENT..... | \$ | -5,270. |
| | TOTAL | <u>\$ -5,270.</u> |

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ **To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE ENGLISH CENTER

Employer identification number

94-2416184

| | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?..... | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?..... | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain | X | |
| ----- | | |
| ----- | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff?..... | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | X | |
| If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges?..... | | X |
| b Admissions policies?..... | | X |
| c Employment of faculty or administrative staff?..... | | X |
| d Scholarships or other financial assistance?..... | | X |
| e Educational policies?..... | | X |
| f Use of facilities?..... | | X |
| g Athletic programs?..... | | X |
| h Other extracurricular activities?..... | | X |
| If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | X | |
| b Has the organization's right to such aid ever been revoked or suspended? | | X |
| If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement. | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | X | |

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE ENGLISH CENTER

Employer identification number

94-2416184

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT

ONE THE BOARD MEMBERS IS RELATED IN MARRIAGE TO THE EXECUTIVE DIRECTOR. THE BOARD MEMBER DOES NOT RECEIVE ANY SALARY OR WAGES FOR BOARD SERVICE, BUT DOES RECEIVE SALARY FOR PART-TIME TEACHING

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AFFIDAVIT IS SIGNED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED WITH THE DESIGNATED GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED WITH CERTIFIED RETURN RECEIPT AND TIMELY PLACED IN THE MAIL FOR FILING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE BOARD OF TRUSTEES OF THE ENGLISH CENTER HAS ESTABLISHED A SALARY ADMINISTRATION PLAN WHICH CLASSIFIES EACH JOB BY PAY GRADE LEVEL. THIS PLAN GIVES THE SALARY RANGE FOR EACH GRADE. SALARIES ARE REVIEWED BY THE FINANCE AND PERSONNEL COMMITTEE OF THE BOARD AND MAY BE REVISED, USUALLY ANNUALLY, TO REFLECT ANY CHANGES IN JOB RESPONSIBILITIES FOR PARTICULAR JOBS AND TO ENSURE CONTINUED CORRESPONDENCE WITH SALARIES OFFERED FOR SIMILAR JOBS IN THE SAN FRANCISCO BAY AREA

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, and ending month 06 day 30 year 2009

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 D (insert letter) IRC Section 4947(a)(1) trust CORP # 0816282

Corporation/Organization Name THE ENGLISH CENTER FEIN 94-2416184

Address 66 FRANKLIN STREET #300 City OAKLAND, CA State CA ZIP Code 94607

C Amended Return? Yes No **H** Accounting method used. 1 Cash 2 Accrual 3 Other

D Are you a subordinate/affiliate in a group exemption? Yes No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No

a Is this a group filing for affiliates? See General Instruction L. Yes No **J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No

b If 'Yes,' enter the number of affiliates. **c** Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.) **d** Is this a separate return filed by an organization covered by a group ruling? Yes No **e** Federal Group Exemption Number **f** Is a roster of subordinates attached? Yes No

E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation) If a box is checked, enter date. **F** Check the box if the organization filed: 1 990T 2 990PF 3 990H **K** Is the organization exempt under R&TC Section 23701g? Yes No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ **L** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No **M** Is the organization a Limited Liability Corporation? Yes No **N** Did the organization file Form 100 or Form 109 to report taxable income? Yes No

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|------------------------------|----|---|------|------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | ● 1 | 178,442. |
| | 2 | Gross dues and assessments from members and affiliates. | ● 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B | ● 3 | 853,177. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | ● 4 | 1,031,619. |
| | 5 | Cost of goods sold | ● 5 | 23,890. |
| | 6 | Cost or other basis, and sales expenses of assets sold. | ● 6 | |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 23,890. |
| | 8 | Total gross income. Subtract line 7 from line 4 | ● 8 | 1,007,729. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | ● 9 | 985,023. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | ● 10 | 22,706. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 | Total Payments | 12 | |
| | 13 | Penalties and Interest. See General Instruction J. | 13 | |
| | 14 | Use tax. See General Instruction K. | ● 14 | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10. |

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

Signature of officer **INFORMATION ONLY** Date Telephone 510-836-6700

Preparer's signature Date Check if self-employed Preparer's SSN/PTIN P00495614

Firm's name (or yours, if self-employed) and address BEDINGER & CO 1200 CONCORD AVE SUITE 250 CONCORD, CA 94520-4915 FEIN 68-0207050 Telephone (925) 603-0800

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|------------------------------------|-----------------------------------|---|---|----------|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | ● 1 | 35,617. | |
| | 2 | Interest | ● 2 | | |
| | 3 | Dividends | ● 3 | 608. | |
| | 4 | Gross rents | ● 4 | | |
| | 5 | Gross royalties | ● 5 | | |
| | 6 | Gross amount received from sale of assets (See Instructions) | ● 6 | | |
| | 7 | Other income. Attach schedule SEE STATEMENT 1 | ● 7 | 142,217. | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 178,442. | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | ● 9 | | |
| | 10 | Disbursements to or for members | ● 10 | | |
| | Expenses and Disbursements | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2 | ● 11 | 73,412. |
| | | 12 | Other salaries and wages | ● 12 | 543,226. |
| | | 13 | Interest | ● 13 | |
| | | 14 | Taxes | ● 14 | 52,602. |
| | | 15 | Rents | ● 15 | 91,952. |
| | | 16 | Depreciation and depletion (See Instructions) | ● 16 | 18,660. |
| | | 17 | Other. Attach schedule SEE STATEMENT 3 | ● 17 | 205,171. |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 985,023. |

Schedule L Balance Sheets

| | Beginning of taxable year | | End of taxable year | | | |
|----------------------------------|---------------------------|----------|---------------------|------------|-------------|---------|
| | (a) | (b) | (c) | (d) | | |
| Assets | | | | | | |
| 1 | | 157,633. | | ● 137,198. | | |
| 2 | | 77,099. | | ● 144,183. | | |
| 3 | | | | ● | | |
| 4 | | 3,389. | | ● 4,122. | | |
| 5 | | | | ● | | |
| 6 | | | | ● | | |
| 7 | | | | ● | | |
| 8 | | | | ● | | |
| 9 | | | | 213,946. | ● 179,084. | |
| 10a | | 268,008. | | | 258,550. | |
| b | | 222,275. | | 45,733. | 212,430. | 46,120. |
| 11 | | | | | ● | |
| 12 | | | | -177,537. | ● -152,669. | |
| 13 | | 320,263. | | 358,038. | | |
| Liabilities and net worth | | | | | | |
| 14 | | 95,533. | ● 51,446. | | | |
| 15 | | | ● | | | |
| 16 | | | ● | | | |
| 17 | | | ● | | | |
| 18 | | 76,088. | | 105,652. | | |
| 19 | | 362,588. | ● 380,024. | | | |
| 20 | | | ● | | | |
| 21 | | | ● | | | |
| 22 | | 534,209. | | 537,122. | | |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

| | | | | | |
|---|---|-----------|----|--|---------|
| 1 | Net income per books | ● 22,706. | 7 | Income recorded on books this year not included in this return. Attach schedule | ● |
| 2 | Federal income tax | ● | | | |
| 3 | Excess of capital losses over capital gains | ● | 8 | Deductions in this return not charged against book income this year. Attach schedule | ● |
| 4 | Income not recorded on books this year. Attach schedule | ● | | | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | 9 | Total. Add line 7 and line 8 | ● |
| 6 | Total. Add line 1 through line 5 | 22,706. | | | |
| | | | 10 | Net income per return. Subtract line 9 from line 6 | 22,706. |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

THE ENGLISH CENTER

Employer identification number

94-2416184

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE ENGLISH CENTER

94-2416184

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|---|
| 1 | Y & H SODA FOUNDATION ----- 16335 SCHOOL STREET ----- MORAGA, CA 94556 ----- | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | VAN LOBEN SELS/REMBE ROCK FNDN ----- 131 STEUART STREET, STE 301 ----- SAN FRANCISCO, CA 94105 ----- | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 3 | WALTER & ELISE HAAS FNDN ----- ONE LOMBARD ST, STE 305 ----- SAN FRANCISCO, CA 94111 ----- | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 4 | THE THOMAS J LONG FNDN ----- 2950 BUSKIRK AVE., SUITE 160 ----- WALNUT CREEK, CA 94597 ----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Name of organization

Employer identification number

THE ENGLISH CENTER

94-2416184

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BAA

| | |
|---|---|
| Name of organization THE ENGLISH CENTER | Employer identification number 94-2416184 |
|---|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ **N/A**

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| N/A | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| EQUIPMENT | VARIOUS | 16,741. | 16,741. | S/L | 5 | | |
| EQUIPMENT | VARIOUS | 81,496. | 81,496. | S/L | 5 | | |
| EQUIPMENT | 1/01/99 | 11,590. | 11,590. | S/L | 5 | | |
| EQUIPMENT | 1/01/00 | 6,204. | 6,204. | S/L | 5 | | |
| EQUIP, MACH & SO | 9/01/00 | 31,939. | 31,939. | S/L | 5 | | |
| 2 COMPUTERS | 2/07/02 | 2,139. | 2,139. | S/L | 5 | | |
| COMPUTERS | 4/15/02 | 5,649. | 5,650. | S/L | 5 | | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | 15 | | | | | 18,660. | |

Part III Summary

| | | |
|--|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | 20 | | | | | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | 21 | | | | | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | 22 | | | | | |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| COMPUTER | 5/31/02 | 753. | 753. | S/L | 5 | | |
| SOFTWARE | 1/01/03 | 2,885. | 2,885. | S/L | 5 | | |
| EQUIPMENT | 1/01/03 | 9,050. | 9,050. | S/L | 5 | | |
| EQUIPMENT | 5/31/03 | 254. | 254. | S/L | 5 | | |
| SOFTWARE | 5/31/03 | 164. | 164. | S/L | 5 | | |
| COMPUTER | 5/31/03 | 848. | 848. | S/L | 5 | | |
| TELEPHONE EQUIPM | 2/05/04 | 568. | 501. | S/L | 5 | 67. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | 15 | | | | | | |

Part III Summary

| | | |
|--|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | 20 | | | | | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | 21 | | | | | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | 22 | | | | | |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| LCD PROJECTOR | 3/24/04 | 495. | 420. | S/L | 5 | 75. | |
| SOFTWARE | 12/16/03 | 3,500. | 3,165. | S/L | 5 | 335. | |
| SOFTWARE | 4/28/04 | 188. | 155. | S/L | 5 | 33. | |
| SOFTWARE | 5/19/04 | 425. | 347. | S/L | 5 | 78. | |
| 3 COMPUTERS (NET | 5/17/04 | 637. | 519. | S/L | 5 | 118. | |
| PRINTER | 5/17/04 | 193. | 159. | S/L | 5 | 34. | |
| SOFTWARE - QUICK | 1/19/05 | 1,722. | 1,176. | S/L | 5 | 344. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | 15 | | |

Part III Summary

| | | |
|--|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | 20 | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | 21 | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | 22 | |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| EQUIPMENT | 8/06/04 | 1,553. | 1,218. | S/L | 5 | 311. | |
| EQUIPMENT | 11/29/04 | 1,112. | 796. | S/L | 5 | 222. | |
| EQUIPMENT | 2/14/05 | 350. | 233. | S/L | 5 | 70. | |
| SOFTWARE-DATABAS | VARIOUS | 2,085. | 1,406. | S/L | 5 | 417. | |
| SOFTWARE-BACKUP | 11/28/05 | 869. | 449. | S/L | 5 | 174. | |
| SOFTWARE-UPS | 5/31/06 | 543. | 227. | S/L | 5 | 109. | |
| 19 INTEL PENTIUM | 7/27/05 | 18,509. | 10,797. | S/L | 5 | 4,100. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | 15 | | |

Part III Summary

| | | |
|--|----|----|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 16 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 17 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 18 |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | 20 | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | 21 | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | 22 | 22 |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation | |
|----|---|----------------------|----------------------------|---|----------------------------|---------------------|-----------------------------------|---|--|
| | 10 QUICKPAD KEYB | 5/23/06 | 2,002. | 833. | S/L | 5 | 400. | | |
| | SOFTWARE-DDC PUB | 6/17/05 | 857. | 513. | S/L | 5 | 171. | | |
| | SOFTWARE | 6/01/05 | 632. | 389. | S/L | 5 | 126. | | |
| | SOFTWARE | 6/30/08 | 543. | | S/L | 5 | 109. | | |
| | COMPUTER | 9/07/06 | 542. | 189. | S/L | 5 | 108. | | |
| | SERVICE TERMINAL | 6/05/07 | 100. | 20. | S/L | 5 | 20. | | |
| | APC SMART UPS 10 | 9/18/06 | 459. | 161. | S/L | 5 | 92. | | |
| 15 | Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | | |

Part III Summary

| | | |
|--|----|----|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 17 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 18 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 | (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|----|---|----------------------|----------------------------|---|---------------------------------|-----------------------------|-----------------------------------|
| 20 | Total. Add the amounts in column (g) | | | | | | 20 |
| 21 | Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | | 22 |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property (elected Section 179 cost) | 7 | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| DVD / VCR RECORD | 12/04/06 | 176. | 53. | S/L | 5 | 35. | |
| SOFTWARE - PUBLI | 10/12/06 | 156. | 52. | S/L | 5 | 31. | |
| KARAOKE MACH & M | 12/15/06 | 109. | 33. | S/L | 5 | 22. | |
| SOFTWARE | 8/20/06 | 820. | 246. | S/L | 5 | 164. | |
| LEASEHOLD IMPROV | 6/30/08 | 6,616. | | S/L | 3 | 2,205. | |
| FURNITURE & EQUI | 6/30/08 | 24,030. | | S/L | 5 | 4,819. | |
| 4 INTEL PENTIUMS | 12/29/08 | 2,171. | | S/L | 5 | 217. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | 15 | | |

Part III Summary

| | | |
|--|----|----|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 17 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 18 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | 20 | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | 21 | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | 22 | |

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

| | |
|---|---|
| Corporation name THE ENGLISH CENTER | California corporation number 0816282 |
|---|---|

Part I Election to Expense Certain Property Under IRC Section 179

| | | |
|--|---|-----------|
| 1 Maximum deduction under Section 179 for California | 1 | \$25,000 |
| 2 Total cost of Section 179 property placed in service | 2 | |
| 3 Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| 7 Listed property (elected Section 179 cost) | | |
| 8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | | 8 |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | | 9 |
| 10 Carryover of disallowed deduction from prior taxable years | | 10 |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | | 11 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | | 12 |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | | 13 |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| 14 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|-------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| INTEL PENTIUM CO | 3/19/09 | 575. | | S/L | 5 | 29. | |
| OFFICE EQUIPMENT | VARIOUS | 895. | | S/L | 5 | 146. | |
| 8 PORT ETHERNET | 1/02/57 | 1,257. | | S/L | 5 | 126. | |
| LEASEHOLD IMPROV | 9/09/08 | 12,867. | | S/L | 3 | 3,217. | |
| OFFICE FURNITURE | VARIOUS | 1,282. | | S/L | 5 | 136. | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | |

Part III Summary

| | | |
|--|----|----|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 17 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 18 |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| 19 (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|--|-------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
| 20 Total. Add the amounts in column (g) | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | | 22 |

THE ENGLISH CENTER

94-2416184

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

MISCELLANEOUS..... \$ 2,303.
TOTAL \$ 2,303.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>CONTRI- BUTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|--|---|---------------------------|---|---------------------------------------|
| JENNIE MOLLIKA 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | SECRETARY 0 | \$ 0. | \$ 0. | \$ 0. |
| TONY VIGO 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | BOARD MEMBER 0 | 2,596. | 0. | 0. |
| NIKKI HARRIS 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | TREASURER 0 | 0. | 0. | 0. |
| ANNA FALVO CASTIAUX 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | BOARD MEMBER 0 | 0. | 0. | 0. |
| ANA RAMIREZ 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | BOARD MEMBER 0 | 0. | 0. | 0. |
| GUSTAVO EYDELSTEYN 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | BOARD MEMBER 0 | 0. | 0. | 0. |
| MARCY JACKSON 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | EXEC DIRECTOR 40.00 | 70,816. | 0. | 0. |
| OSCAR RESENDIZ 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | BOARD MEMBER 0 | 0. | 0. | 0. |
| SEENA D. ALENICK-CLARK 66 FRANKLIN STREET, STE 300 OAKLAND, CA 94607 | PRESIDENT 0 | 0. | 0. | 0. |
| | | TOTAL \$ <u>73,412.</u> | \$ <u>0.</u> | \$ <u>0.</u> |

THE ENGLISH CENTER

94-2416184

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | | |
|----------------------------------|----------|-----------------|
| ACCREDITATION & LICENSING | \$ | 8,384. |
| ADVERTISING AND PROMOTION | | 4,281. |
| BOOKS & MATERIAL | | 6,008. |
| COMMUNICATIONS | | 5,127. |
| DUES/SUBSCRIPTIONS/BOOK | | 3,959. |
| EQUIPMENT | | 26,082. |
| HOMESTAY EXPENSE | | 1,800. |
| HOSPITALITY | | 4,508. |
| INSURANCE | | 4,654. |
| MISCELLANEOUS | | 7,959. |
| OFFICE EXPENSE | | 7,832. |
| OTHER EMPLOYEE BENEFIT | | 51,759. |
| OTHER FEES | | 8,460. |
| OTHER STUDENT EXPENSE | | 19,423. |
| PENSION PLAN CONTRIBUTIONS | | 29,880. |
| POSTAGE AND SHIPPING | | 1,519. |
| PRINTING AND PUBLICATIONS | | 11,088. |
| RECRUITMENT | | 59. |
| REPAIRS & MAINTENANCE | | 610. |
| STAFF DEVELOPMENT/TRAINING | | 1,001. |
| STUDENT ACTIVITIES | | 778. |
| | TOTAL \$ | <u>205,171.</u> |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS

| | | |
|------------------------------------|----------|-----------------|
| BOA - CERTIFICATE OF DEPOSIT | \$ | 21,340. |
| CASTLE CONVERTIBLE | | 635. |
| DREYFUS | | 8,003. |
| WELLS FARGO | | 149,106. |
| | TOTAL \$ | <u>179,084.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | | |
|---|----------|----------------|
| LIBRARY | | 2,048. |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 10,022. |
| RENTAL DEPOSIT | | 7,650. |
| UI ACCOUNT BALANCE | | 4,141. |
| WC INSURANCE | | 2,554. |
| | TOTAL \$ | <u>26,415.</u> |

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | | |
|------------------------|----------|-----------------|
| DEFERRED REVENUE | | 105,652. |
| | TOTAL \$ | <u>105,652.</u> |