Forth 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

1999

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

			1999 calendar year, OR tax year period beginning , 1999, and endi		
		neck if		D Em	ployer identification number
	Cha add	inge of ress	use IRS label or TRUE SCHOOL INC	į.	59-2369510
	Initi	ai rotur	print or∮	E Tel	ephone number
	Fina	ıl rəturr	type. See 1831 DREW ST	(7	27) 447~6385
	T Ami	ntied r	Specific CLEARWATER, FL 33765		eck ► if exemption application
	(req	s beriu roqer e	ting) tlons.		is pending
			organization → 🛮 Exempt under section 501(c)(3) ◄ (insert number) OR 🕨 section		
			on 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attac		
	H(a)	s this			ecked "Yes," enter four-digit
			group exempt		
			<u></u>	_	Cash Accrual
			soparate return filed by an organization covered by a group ruling? Yes 🔀 No Other (spe		
			ere $lacktriangleigsquigarrowigsquigarro$		
	bu	t if it r	eceived a Form 990 Package in the mail, it should file a return without financial data. Some sta	les requ	ire a complete return.
	Note:	Form	990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets		
_	Par	t 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S	e Speci	fic Instructions.)
0.8 2000		1	Contributions, gifts, grants, and similar amounts received:		
<u>~</u>		a	Direct public support	1.	.]
8		b	Indirect public support	~_j	}
~		C	Government contributions (grants)		}
FIMY		d	Total (add lines 1a through 1c) (attach schedule of contributors)		j
معتر		,	(cash \$ 28,241 , noncash \$)	110	28,241.
_		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,241.
SCANNER		3	Membership dues and assessments	3	
2		4	Interest on savings and temporary cash investments	<u> </u>	5,561.
		5	Dividends and interest from securities		
\mathcal{L}_{λ}		6a	Gross rents	<u> </u>	
60		b	 		1
		C	Net rental income or (loss) (subtract line 6b from line 6a)	60	18,721.
•		7	Other investment income (describe ►	1 7	
Rev	enue	8a	Gross amount from sale of assets other (A) Securities (B) Other		
	ı	•	than inventory		1
		b	Less: cost/other basis & sales expenses 8b		1
	i		Gain or (loss) (attach schedule)		†
		_	Net gain or (loss) (combine line 8c, columns (A) and (B))	80	4
		9	Special events and activities (attach schedule)		
				l	1
		_	Gross revenue (not including 12 of contributions reported on line-1a)	}	
		h			1
		C	Less: direct expenses other than fundraising expenses	90	.∤
		10a	Gross sales of inventory, less returns and allowances	·· -^	-
					1
		~	Less; cost of goods sold N	10	a [†]
		11		· -	_{
	ĺ	12	Other revenue (from Part VII, line 103)	<u> </u>	
		13	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		
		14	Program services (from line 44, column (B))		
			Management and general (from line 44, column (C))	ļ	
⊨xp	enses	_	Fundraising (from line 44, column (D))		
	Ì	16	Payments to affiliates (attach schedule)		
		17	Total expenses (add lines 16 and 44, column (A))		
	(18	Excess or (deficit) for the year (subtract line 17 from line 12)		_
Net Ass		19	Net assets or fund balances at beginning of year (from line 73, column (A))		
H35	¥13	20	Other changes in net assets or fund balances (attach explanation)		
		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		
	ror Pa	perw	ork Reduction Act Notice, see the separate instructions. CAA 9 99012 NTF 25	459	GLD 4224 Form 990 (1999)

	990 (1999) TRUE SCHOO	L II	NC		59-236	9510 Page
Pai			aust complete column (A). Col nonexempt charitable trusts i			(4) organizations and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2	Grants and allocations (attach schedule)					
	(cash\$ cash\$)	22				
3	Specific assistance to individuals (attach sch.)	23				
4	Benefits paid to or for members (attach sch.) .	24				
5	Compensation of officers, directors, etc	25	169,026.	0.	169,026.	0
6	Other salaries and wages	26	536,217.		536,217.	
7	Pension plan contributions	27				
8	Other employee benelits	28	40 003	-	40.003	<u></u>
9	Payroll taxes	29 30	49,083.		49,083.	
0	Professional fundraising fees	31	325.		325.	<u></u>
17	Accounting fees	32	12,026.		12,026.	
12 13	Legal fees	33		20,026.	12,026.	<u></u>
4	Supplies	34	20,026.			
5	Telephone Postage and shipping	35	10,047.	10,047. 28,147.		<u></u>
6	Occupancy	36	28,147.	20,141.		
7	Equipment rental and maintenance	37	37,759.	37,759.		
8	Printing and publications	38	20,313.	20,313.		
9	Travel	39	12,229.	12,229.		
0	Conferences, conventions, and meetings	40	<u> </u>	<u> </u>		
1	Interest	41	42,501.	42,501.		L
2	Depreciation, depletion, etc. (attach schedule) .	42	35,108.	35,108.		
3	Other expenses (itemize): a Stmt Att	-	358,214.	346,294.	11,920.	
b		43b				
C		43c				
d	l	43d				
е		43e				
4	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,331,021.	552,424.	778,597.	0
iepo	orting of Joint Costs. Did you report in column					<u> </u>
-	eaign and fundraising solicitation?					.▶ ☐ Yes 🔀 No
	s," enter (i) the aggregate amount of these joint				to Prog. services \$	
	ne aniount allocated to Management and gener			 -' ` '	ated to Fundraising \$	
_	t III Statement of Program Service					
/hat	is the organization's primary exempt purpose?				· — — — · · · · · · · · · · · · · · · ·	Program Service
	ganizations must describe their exempt purpose				number of clients	Expenses (Required for 501(c)(3)
erve	d, publications issued, etc. Discuss achievemen (a)(1) nonexempt charitable trusts must also en	nts that	t are not measurable. (Se	ection 501(c)(3) and (4) c		and (4) orgs., and 4947(a)(1 trusts; but optional for others,)
_	PRIMARY AND SECONDAY EDUCATED 185 STUDENTS	CAT	ION SERVICE	OUTPUT-STUDE	NT	
_						
_			(Grants an	d allocations \$)	552,424
b ¯						
_						
_						
_			(Grants an	d allocations \$)	
c _						· =
_	 					
_			(Grants an	d allocations \$		L
d _			-			
_						

(Grants and allocations \$

Part IV Balance Sheets (See Specific Instructions.)

Not		there required, attached schedules and amounts plumn should be for end-of-year amounts only.	within the description		(A) Beginning of year		(B) End of year
	45	Cash non-interest-bearing			182,891.	45	41,027
	46	Savings and temporary cash investments			202,739.	46	468,696
	47a	Accounts receivable	47a	j			
	! .	Less; allowance for doubtful accounts	47b			47c	
}	}						
ŀ	48a	Pledges receivable	48a			1	
ŀ	b	Less: allowance for doubtful accounts	48b			48c	
İ	49	Grants receivable				49	
ſ	50	Receivables from officers, directors, trustees, an		j		E0	
	510	(attach schedule)				50	
}	Jia	Other notes and loans receivable (attach schedule)	[51a]	}		}	
	ь	Less: allowance for doubtful accounts				51c	
. 1	52	Inventories for sale or use			10,683.	52	8,216
ssets	53	Prepaid expenses and deferred charges		<u>j-</u>		53	
	54	Investments securities (attach schedule)		Į-		54	
j	55a	Investments land, buildings, and		ſ			
ļ		equipment: basis	55a				
}	b	Less: accumulated depreciation (attach	}]	}		 	
ł	FC	schedule)	55b			55c	
		Investments other (attach schedule)		702		56	
	1	Land, buildings, and equipment: basis Less: accumulated depreciation (attach	57a 999	<u>,793.</u>		(
ľ	"	schedule)	57b 242	, 397.	779,204.	570	757,396
ſ	58	Other assets (describe	242	, , , , , ,	13,571.		13,571
1		92812 (082CHD8		'			
	59	Total assets (add lines 45 through 58) (must ed	1,189,088.		1,288,906		
ì	60	Accounts payable and accrued expenses	233.	60	180		
į	61	Grants payable		61			
ļ	62	Deferred revenue,		· · · · · · · · · · · · · · · · · · ·		62	
J	63	Loans from officers, directors, trustees, and key		j.		63	
labilitles	642	schedule)		<u> </u>		64a	
}		Mortgages and other notes payable (attach sche	506,031.		497,403		
ł	65	Other liabilities (describe	squio,	, ,		65	
ł	ł	Habilities (describe		·			
	66	Total liabilities (add lines 60 through 65)			506,264.	66	497,583
	Orga	inizations that follow SFAS 117, check here	and complete li	nes 67		}	
		through 69 and lines 73 and 74.		}			
ŀ	67	Unrestricted		F-		67	
}	68 69	Temporarily restricted	<u> </u>		68 69		
	ſ	Permanently restricted		09			
et ssets	Oiga	lines 70 through 74.	uhiere				
Fund	70	Capital stock, trust principal, or current funds		1		70	
lances	71	Paid-in or capital surplus, or land, building, and		-	· · · · · · · · · · · · · · · · · · ·	71	
	72	Retained earnings, endowment, accumulated in			682,824.	72	791,323
ł	73	Total net assets or fund balances (add lines 6		F-			
İ		through 72; column (A) must equal line 19 and of	=				
}		line 21)	· · · · · · · · · · · · · · · · · · ·		682,824.		791,323
- 1	74	Total liabilities and net assets / fund balances	(add lines 66 and 73	3) [1,189,088.	74	1,288,906

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (1999) TRUE SCHOOL	INC		59-2369	510 Page 4
Part IV-A Reconciliation of Re Financial Statement Return (See Specific Ins	evenue per Audited s with Revenue per		nciliation of Expensicial Statements with	
	TTT	a Total expenses and		
a Total revenue, gains, and other support per audited financial statements	▶ a 1,442,375.	1	:	a 1,331,02
b Amounts included on line a but not on	ar,442,373.	b Amounts included of		 1,551,62.
line 12, Form 990:	} }	on line 17, Form 99		-
(1) Net unrealized gains	\	(1) Donated services	o.	
		& use of facilities.	•	
on investments \$	- }]	(2) Prior year adjust-	<u>•</u>	
& use of facilities . \$	}	ments reported on		
(3) Recoveries of prior	-	line 20, Form 990	\$	
		(3) Losses reported on		
year grants , \$	- }	1 ' '		
(4) Other (specify):	∤	line 20, Form 990	\$	
		(4) Other (specify):		
<u>\$</u>	_ _		•	
Add amounts on lines (1) through (4)	▶ b	Add "	ð (4) thurumh (4)	
			es (1) through (4)	b 221 021
C Line a minus line b	$\triangleright c1,442,375.$	C Line a minus line b		c1,331,021
d Amounts included on line 12,		d Amounts included o		
Form 990 but not on line a:		Form 990 but not of		
(1) Investment expenses		(1) Investment expense	9\$	
not included on		not included on		}
line 6b, Form 990 \$	→	line 6b, Form 990	\$	
(2) Other (specify):		(2) Other (specify):		
<u> </u>	<u> </u>			į į
\$	_ \ _ \		\$	i . i
Add amounts on lines (1) and (2)	▶ d	4	ies (1) and (2)	d
e Total revenue per line 12, Form 990	.	e Total expenses per		
(line c plus line d)			<u></u>	
Part V List of Officers, Directo	rs, Trustees, and Ke	y Employees (List each	h one even if not comper	sated; see Specific
Instructions.)	(B) Title and average	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	hours per week	(if not paid,	employee benefit plans	account and other
(3) TO 3 TO 3 TO 3 TO 3 TO 3 TO 3 TO 3 TO	devoted to position	enter -0)	& deferred comp.	allowances
SANDRA ADAIR	PRESIDENT	50.051		_
813 OAK AVE, CLWT FL	40.	58,251.	. <u> </u>	0
NANCY CALKINS	VICE PRES	07.440		
10 S ORION, CLWT FL	40.	35,419.	0.	0
BETH VOSS	TREASURER		_	_
1371 MILTON, CLWT FL	40.	23,144.	0.	0
BLINDA YOUNG	MEMBER	i		ĺ
607 N OCEOLA, CLWT FL	40	22,370.	0.	0
CAROL KIRTLEY	MEMBER			
1018 PINEBROOK, CLWT FL	40	29,842.	0.	0
]
			<u> </u>	<u> </u>
	•	1	1	1
			<u> </u>	ļ
				
			<u> </u>	ļ
		}		1
		•		
			<u> </u>	L

Form	990 (1999) TRUE SCHOOL INC 59-2369510)	Pa	ge 5
	rt VI Other Information (See Specific Instructions.)			No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u>x</u>
	if "Yes," attach a conformed copy of the changes.	} '		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		A\N	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<u> </u>
ova	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a		x
h	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	OUA		
b	and check whether it is exempt OR nonexempt.	:	'	
81a	Enter the amount of political expenditures, direct or indirect, as described in the		'	
- ,	Instructions for line 81	·	·	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	substantially less than fair rental value?	82a		_X_
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in	1		:
00-	Part III.)	-		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		<u></u> _
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b 84a	X	X
	Did the organization solicit any contributions or gifts that were not tax deductible?	044		<u> </u>
	tax deductible?	84b	A\n	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		A\N	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.	1	{	; ;
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures	. ·	}	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
f g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	850	N/A	
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	Jug	17.5	
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			 .
þ	Gross receipts, included on line 12, for public use of club facilities	1,		j
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders]		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	} .		;
	against amounts due or received from them.)].		٠. ،
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	}	}	
	partnership, or an entity disregarded as separate from the organization under Regulations sections	00		
00-	301.7701–2 and 301.7701–3? If "Yes," complete Part IX.	88		<u>x</u>
bya	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4955 ▶			, .
b	section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4958 excess benefit transaction	-{ ⋅		
~	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	ĺ		
	a statement explaining each transaction.	89b		x
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ► N/A			
	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)		_	
91	The books are in care of ▶ BETH VOSS Telephone no.▶ (727) 447-	638	5	
92	Located at ► 1831 DREW ST, CLEARWATER, FL ZIP + 4► 33765 Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041 Check here			
J4	and enter the amount of tax-exempt interest received or accrued during the tax year			. 🏲 📋
	34			

		loudeling in	ctivities (See Speci	ilo manuonona.)		
Enter gros	s amounts unless otherwise		d business income	Excluded by s	section 512, 513, or 514	(E)
indicated.		(A) Business	(B)	(C)	(D)	Related or exempt
93 Pragr	am service revenue:	code	Amount	Exclusion code	Amount	function income
	RIMARY K-9 GRADE					
b ED	UCATIONAL SERVS					1,389,852.
c				T		
d				T		
е						
f Medica	are/Medicaid payments					
Q Fees a	nd contracts from govt, agencies			Ţ		
94 Membe	ership dues and assessments					
95 Interes	st on savings and temporary cash					5,561.
96 Divida	nds and interest from securities				-	
	ntal income or (loss) from real estate:					
	inanced property			 		18,721.
b not del	bt-financed property		 	+		
98 Netro	ntal income or (losa) from personal		 			
99 Other	investment income	}		 		<u> </u>
100 Gain oi	r (loss) from sales of assets other eventory		 	 	 	
	come or (loss) from special events	}	 		 	
	profit/(loss) from sales of inventory .	 _	 		 	
	revenue: a			+		
b						
c		 -		 	 	 -
d			<u> </u>			
e						
104 Subto	Otal (add columns (B), (D), and (E))		 			1,414,134.
	(add line 104, columns (B), (D),	and (E))		'	· · · · · · · · · · · · · · · · · · ·	1,414,134.
	105 plus line 1d, Part I, should ed			, ,		
Part VIII				of Exempt Pi	Irnoses (See Specific	Instructions \
Line No.	Explain how each activity for v					
▼	organization's exempt purpose				adica importantly to the	accomplishment of the
93	ACADEMIC INSTRU				PRE K - GRAD	E 9.
95	INTEREST USED F					
97						
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
	NON TAXABLE REN	TAL INC	OME USED FO	R EXEMPT	PURPOSES ABO	VE
Part IX						
Part IX	Information Regarding	Taxable Su	bsidiaries and Di	sregarded Er	ntities (See Specifi	c Instructions.)
Name,	Information Regarding (A) address, and EIN of corporation,	Taxable Su	bsidiaries and Di		itities (See Specifi	c Instructions.) (E) (E) End-of-year
Name,	Information Regarding	Taxable Su	bsidiaries and Di (ge of Nature o	sregarded Er	ntities (See Specifi	c Instructions.)
Name,	Information Regarding (A) address, and EIN of corporation,	Taxable Su	bsidiaries and Di ge of Nature of p int.	sregarded Er	ntities (See Specifi	c Instructions.) (E) (E) End-of-year
Name,	Information Regarding (A) address, and EIN of corporation,	Taxable Su	bsidiaries and Di ge of Nature of p int. %	sregarded Er	ntities (See Specifi	c Instructions.) (E) (E) End-of-year
Name,	Information Regarding (A) address, and EIN of corporation,	Taxable Su	bsidiaries and Di ge of Nature of p int.	sregarded Er	ntities (See Specifi	c Instructions.) (E) (E) End-of-year
Name, parti	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of Na	sregarded Er C) f activities	itities (See Specifi (B) Total income	c Instructions.) (E) End-of-year assets
Name, a parti	Information Regarding (A) address, and EIN of corporation,	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of Na	sregarded Er C) f activities	itities (See Specifi (B) Total income	C Instructions.) (E) End-oi-year assets
Name, parti	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under panalties of perjury, I deplace belief, it is true, correct, and compa	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of Na	sregarded Er C) f activities companying schedul r) is based on all infor	Itities (See Specifi (B) Total income	C Instructions.) (E) End-of-year assets assets be best of my knowledge and sany knowledge, important:
Name, a parti	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, I deplace belief, it is true, correct, and campa (See General Instruction 8.)	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of p int. % % % % % % pdd this return, including ac preparer (other than office	sregarded Er c) f activities companying schedul r) is based on all infor	ntities (See Specification (B) Total income es and statements, and to the mation of which preparer has	c Instructions.) (E) End-of-year assets
Name, parti	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, Legrane belief, it is true, correct, and comple (See General Instruction 6.) Signature of officer	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of Na	sregarded Er C) f activities companying schedul r) is based on all infer W/WW BE	ntities (See Specifi (B) Total income es and statements, and to the mation of which preparer has the company of the company o	c Instructions.) (E) End-of-year assets b best of my knowledge and any knowledge, important: TREASURER
Please Sign Here	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, Legrare belief, it is true, correct, and comple (See General Instruction 6.) Signature of office:	Taxable Su (B) Percenta ownershi	bsidiaries and Di ge of Nature of p int. % % % % % % pdd this return, including ac preparer (other than office	sregarded Er C) f activities companying schedul r) is based on all infer W/W/ Date	TH VOSS or print name and title.	c Instructions.) (E) End-of-year assets b best of my knowledge and s any knowledge, important: TREASURER arer's SSN or PTIN
Please Sign Here	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, I deplace belief, it is true, correct, and compto (See General Instruction 2.) Signature of office Preparer's signature	Taxable Su Percenta ownershi that I have exame p. Declaration of	bsidiaries and Di ge of Nature of Point. % % % % % % % % % % % % % % % % % % %	sregarded Er companying schedul r) is based on all inform Type Date 04/05/00	Total income as and statements, and to the mation of which preparer has or print name and title. Check if self- em- ployed 29	End-of-year assets be best of my knowledge and sany knowledge, important: TREASURER arer's SSN or PTIN 7-24-0222
Please Sign Here Paid Preparer's	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, I deplace belief, it is true, correct, and comple (See General Instruction 8.) Signature or officer Preparer's signature Firm's name (or yours PIN	Taxable Su Percenta ownershi that I have exami g. Declaration of	bsidiaries and Di ge of Nature of p int. % % % % % pd this return, including ac preparer (other than office Date AX & ACCOUNT	sregarded Er companying schedul r) is based on all infer Expo Date 04/05/00 FING SERV	Total income s and statements, and to the mation of which preparer has the property of the complex of the property of the complex of the com	c Instructions.) (E) End-of-year assets b best of my knowledge and s any knowledge, important: TREASURER arer's SSN or PTIN
Please Sign Here	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, Legrace belief, it is true, correct, and comple (See General Instruction 2.) Signature of office: Preparer's signature Firm's name (or yours if self-employed) 152	Taxable Su (B) Percenta ownershi Declaration of	bsidiaries and Di ge of Nature of p int. % % % % % pd this return, including ac preparer (other than office Date AX & ACCOUNT	sregarded Er companying schedul r) is based on all inform Type Date 04/05/00	TH VOSS Check if self— Check if self— ployed > 1 ZIP + 4	e best of my knowledge and sany knowledge, important: TREASURER arer's SSN or PTIN 17-24-0222 3341353
Please Sign Here Paid Preparer's Use Only	Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity Under penalties of perjury, I deplace belief, it is true, correct, and comple (See General Instruction 8.) Signature or officer Preparer's signature Firm's name (or yours PIN	Taxable Su Percenta ownershi that I have examing Declaration of ELLAS T 8TH AV GO, FL	bsidiaries and Di ge of Nature of p int. % % % % % pd this return, including ac preparer (other than office Date AX & ACCOUNT	sregarded Er companying schedul r) is based on all infer Expo Date 04/05/00 FING SERV	Total income s and statements, and to the mation of which preparer has the property of the complex of the property of the complex of the com	e best of my knowledge and sany knowledge, important: TREASURER arer's SSN or PTIN 17-24-0222 3341353

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(t), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

1999

Name of the organization TRUE SCHOOL INC	Employer identification number 59–2369510				
Part I Compensation of the Five High (See the instructions. List each one. If the	est Paid Employees Ot re are none, enter "None.")	her Than Office			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances	
NONE					
			<u></u>	<u> </u>	
Total number of other employees paid over			<u></u>	<u></u>	
Part II Compensation of the Five High (See the instructions. List each one (wheth	est Paid Independent C ser individuals or tirms). If there	Contractors for are none, enter "No	Professional So	ervices	
(a) Name and address of each independent contrac		 	of service	(c) Compensation	
NONE					
Total number of others receiving over \$50,000 for					
professional services		i .			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

	Note: You may use	the worksheet in the	e instructions for converti	ng from the accrual to	the cash method o	n accounting.
Calon	dar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See fine 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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.					
22	Other income. Attach a schodule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17				† — — — — — — — — — — — — — — — — — — —	
25	Enter 1% of line 23			 -	 	
26	Organizations described on I	ines 10 or 11:	a Enter 2% of amount	in column (e), line 24	 2	26a
	Attach a list (which is not open			• •	L-	
	person (other than a governme					
	through 1998 exceeded the an		=		_	26b
					[
Ç	Total support for section 509(a	i)(1) test: Enter line :	24, column (e)	, , ,	▶ 2	.6c
d	Add: Amounts from column (e)			19	Γ	
		22		26b	▶ 2	26d
е	Public support (line 26c minus	line 26d total)			▶ 2	:6e
f	Public support percentage (li	ine 26e (numerator) divided by line 26c (d	enominator))	▶ 2	.6f %
27	Organizations described on tattach a list to show the name for each year:	of, and total amoun	ts received in each year	from, each "disqualifie	d person." Enter th	
	(1998)	(1997)	(199	96)	(1995)	
b	For any amount included in lin for each year, that was more the in lines 5 through 11, as well a (1) or (2), enter the sum of the	nan the <mark>larger of (1)</mark> s individuals.) After	the amount on line 25 for computing the difference	or the year or (2) \$5,00 between the amount	0. (include in the li	st organizations described
	(1998)					
C	Add: Amounts from column (e)) for lines: 15	and line 27b total	16	▶ 2	7c
d	Add: Line 27a total		and line 27b total	_ 	. ▶ 2	7d
	Public support (line 27c total m	unus iine 27a iotaii.			P Z	7e
f	Total support for section 509(a)(2) test: Enter amo	unt on line 23, column (e) ▶ 27 f	<u>† .</u>	
g	Public support percentage (li	ne 27e (numerator) divided by line 27f (de	nominator))		.7g %
h	Investment income percenta	ge (line 18, column	(e) (numerator) divide	d by line 27t (denomi	nator)) ▶ 2	7h %
28	Unusual Grants: For an organ	ization described in	line 10, 11, or 12 that re	ceived any unusual gr	ants during 1995 th	rough 1998, attach a list

(which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief

Part V Private School Questionnaire (See instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		_	
			Yes	No
29	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?	29	<u>X</u>	
30	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?	30	X	Ì
31	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 has no solicitation program, in a way that makes		ļ	
	the policy known to all parts of the general community it serves?	31	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	PUBLISHES YEARLY IN LOCAL NEWSPAPERS STATEMENT OF RACIALLY NON-DISCRIMINATORY POLICY.	}		}
	RECIPIED NON DISCRIMINATORY FORICY.			
				} .
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
U	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	,
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	<u> </u>		<u> </u>
	student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	16 years and 18 label to the state of the st			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			ĺ
				[
33	Does the organization discriminate by race in any way with respect to:			
_		22-		
а	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
C	Employment of faculty or administrative staff?	33c		X
.1		224		3.
u	Scholarships or other financial assistance?	33d		X
е	Educational policies?	33e	ı	x
	,			
f	Use of facilities?	33f		X
-	Abblatta aug aug vo	227		7.5
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		x
				_
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			,	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		x
þ	Has the organization's right to such aid ever been revoked or suspended?	34b	_	X
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		' I	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		· ·	
-	Pay Proc. 75 50 1076 2 C D 507 equation scaled conditional to "Letter to a systematical state of the state of	25	v	

59-2369510

	ing Expenditures bompleted ONLY by an	-	•	nstruct	ions.)	-		
	the organization belongs		111001011107007					
<u> </u>	you checked "a" above	- •	vicions anniv					
Clieck liele P D II	you checked a above	and minied control pro-	visions apply.	$-\tau$		a)	$-\tau$	(b)
1984	Limits on Lobbyin	-			Affiliate	d group tals		To be completed for ALL electing
	rm "expenditures" means		· ··				_	organizations
36 Total lobbying expendi	· · · · · · · · · · · · · · · · · · ·		· · · · · · ·	36				_
37 Total lobbying expend			· -	37				
38 Total lobbying expendi			-	38				
39 Other exempt purpose	•			39			_ _	
40 Total exempt purpose	•	•		40			}_	
41 Lobbying nontaxable a			5	İ			-	
If the amount on line		e lobbying nontaxable		}				
	20		1 1	[ļ	•
	over \$1,000,000 \$10		1 2				-	,
	ot over \$1,500,000 . \$17		· · · · · · · · · · · · · · · · · · ·	41			_}	
	ot over \$17,000,000 \$22	· ·]
							- }	
42 Grassroots nontaxable	•	•	L	42				
43 Subtract line 42 from li				43			<u> </u>	0.
44 Subtract line 41 from li	ne 38. Enter -0- if line 4	1 is more than line 38	· · · · · · · · · · · · · · · · · · ·	44			<u>).[</u>	0.
			_	1				· ;
Caution: If there is an	amount on either line 43							·
		r Averaging Period						
(Some c	organizations that made a	a section 501(h) election the instructions for lines		nplete	all of the fi	ve colum	ns be	low.
		Lobbying Expend	litures During 4-Y	ear Av	eraging F	Period		
Calendar year (or fiscal	(a)	(b)	(c)	T		d)	\neg	(e)
year beginning in)	1999	1998	1997		-	96		Total
45 Lobbying				$\neg \neg$			_	
nontaxable amount				l			- [
46 Lobbying ceiling amount (150% of line 45(e))								<u></u>
47 Total lobbying				- +				
expenditures				ļ			- (
48 Grassroots				$-\dagger$			十	
nontaxable amount				1			- }	
49 Grassroots ceiling							_ -	
amount (150% of line 48(e))		•		1			.]	
50 Grassroots lobbying				_†			_	
expenditures							ᆚ	
	ing Activity by Nor	_						
	orting only by organizatio			$\overline{}$				
During the year, did the or				luding	any	Yes N	ю	Amount
attempt to influence public	-		-					
							_	
_	ement (Include compensa		_			<u> </u>		1
_	ts							
	s, legislators, or the public							
	lished or broadcast stater					 		
	nizations for tobbying put					<u> </u>	\rightarrow	
-	egislators, their staffs, gov	- · · · · · · · · · · · · · · · · · · ·	•					
	ons, seminars, conventior	-	=				_	
i lotal lobbying exper	nditures (add lines c throu	ugn h)				L	L	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

٠.						
Schedule :	Å (Form 990) 1999 TR	UE SCHOO	L INC	59-2369	3510	Page 6
Part VI		egarding Tra	ansfers To and Transaction	ons and Relationships With Non	charita	ble
51 Did t	the reporting organization	n directly or indir	ectly engage in any of the following	ng with any other organization described in	section 5	501(c) of
the C	Code (other than section	501(c)(3) organi	izations) or in section 527, relating	to political organizations?		
		-	a noncharitable exempt organization		<u> </u>	Yes No
• • •					51a(i)	X
	Other assetser transactions:		··········	·	a(ii)	X
(i)	Sales or exchanges of a	assets with a nor	ncharitable exempt organization .		b(i)	X_
(II)	Purchases of assets fro	m a noncharitab	le exempt organization	.,	b(ii)	X
					b(iii)	x
	•				b(iv)	X
	•				b(v)	X
(vI)	Performance of services	s or membership	or fundraising solicitations		b(vi)	X
		_				X
good or st	ds, other assets, or service arrangement, show	ces given by the	reporting organization. If the orga the value of the goods, other asse	_		
(a) Line no.	(b) Amount involved	Name of nor	(c) ocharitable exempt organization	(d) Description of transfers, transactions, & s	haring an	rangements
	7 anount in Forton	1101101101	ionamasis exempt organization	·	Training Car	
				 		
				 	_	
				 		
		<u> </u>				
						
						
	<u> </u>			 		
				 		
						
				 		
				 		
				-		
secti	on 501(c) of the Code (c	other than section		e tax-exempt organizations described in	Yes	X No
<u> </u>	es," complete the following	ig soriednie:	(1.)	(-3		
	(a) Name of organization	on	(b) Type of organization	Description of relations	hīp	
			<u> </u>	 		
		·	 			
			<u> </u>			
			 	-		
			 	 		

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach this form to your return.

OMB No. 1545-0172

1999

Attachment Sequence No. 67

See separate instructions. Business or activity to which this form relates Identifying number Name(s) shown on return TRUE SCHOOL INC 59-2369510 Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.) \$19,000 1 Maximum dollar limitation, If an enterprise zone business, see the instructions...... 2 15,278. 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 19,000. 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter amount from line 27 8 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7...... 10 Carryover of disallowed deduction from 1998. See the instructions. 10 11 11 Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions). . 13 Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property. MACRS Depreciation for Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.) Section A -- General Asset Account Election 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more Section B -- General Depreciation System (GDS) (See the instructions.) (b) Month and (c) Basis for depr. (d) Recovery (g) Depreciation (e) year placed in service (a) Classification of property (business/investment use (f) Method Convention deduction period only -- see instructions) 15a 3-year property **b** 5-year property 15,278. 7 yrs S/L 1,092 HY C 7-year property d 10-year property e 15-year property 20-year property S/L g 25-year property 25 yrs. h Residential rental MM S/L 27.5 yrs. S/L MM property 27.5 yrs. 06/30/99 13. 946 Nonresidential real 39 yrs. MM S/L property S/L Section C -- Alternative Depreciation System (ADS) (See the instructions.) 16a Class life S/L b 12-year S/L 12 yrs. C 40-vear 40 yrs. S/L Other Depreciation (Do Not Include Listed Property.) (See the instructions.) 17 25,476. 18 Property subject to section 168(f)(1) election. 18 19 8,527 Summary (See the instructions.) 20 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on 21 35,108 the appropriate lines of your return. Partnerships and S corporations -- see instructions..... 22 For assets shown above and placed in service during the current year, enter the

22

portion of the basis attributable to section 263A costs......

GLD 2896

Supplemental Schedules Company: TRUE SCHOOL INC

1999

EIN: 59-2369510

Form 4	562	Asset	Listi:	nσ.
--------	-----	-------	--------	-----

	Description	T	Acq. Date	Pct. Used		Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	1999 Depr
1	BUILDINGS	 R	09/01/83	100%	N	255,000	MACRS SL	мм	39	58,842	0	6,538
2	BLDG IMPROVEMENTS	R	01/01/95	100%	N	67,008	ACRS SL	MM	39	6,872	0	1,718
3	COURSE EQUIPMENT	N	01/01/94	100%	N	68,089	ACRS SL	HY	10	37,428	0	6,809
4	LAND	R	09/01/83	100%	N	320,000		MM	0	0	0	0
5	OFFICE EQUIPMENT	U	09/01/83	100%	N	36,811	MACRS DDB	ΗY	5	36,811	٥	0
6	VEHICLES	N	01/01/90	100%	N	26,403	MACRS DDB	НY	5	26,403	0	0
7	BLDG IMPROVEMENTS	R	01/01/96	100%	N	73,782	MACRS SL	MM	15	16,846	0	4,919
8	COURSE EQUIPMENT	N	06/30/96	100%	N	20,773	MACRS SL	HY	7	11,024	0	2,968
9	OFFICE EQUIPMENT	N	06/30/96	100%	N	5,189	MACRS SL	НY	7	2,753	0	741
10	COURSE EQUIPMENT	N	01/01/97	100%	N	28,073	MACRS SL	ΗY	7	4,010	0	4,010
11	OFFICE EQUIPMENT	N	01/01/97	100%	N	150	MACRS SL	HY	7	21	0	21
12	BLDG IMPROVEMENTS	R	01/01/97	100%	N	44,335	MACRS SL	MM	39	1,137	0	1,137
13	COURSE EQUIPMENT	N	06/30/98	100%	И	8,855	MACRS SL	HХ	7	1,265	0	1,265
14	LAND IMPROVEMENTS	R	06/30/98	100%	N	8,825		MM	0	0	0	O
15	OFFICE EQUIPMENT	N	06/30/98	100%	N	3,126	MACRS SL	HY	7	447	Ō	447
16	1990 CHEVY VAN	U	06/17/98	100%	N	17,150	MACRS SL	HY	5	3,430	0	3,430
17	BLDG IMPROVEMENTS	R	06/30/99	100%	N	946	MACRS SL	MM	39	0	0	13
18	COURSE EQUIPMENT	N	06/30/99	100%	N	11,165	MACRS SL	НY	7	0	0	798
19	OFFICE FURNITURE	N	06/30/99	100%	N	4,113	MACRS SL	НĀ	7	0	0	294
Pri	or Year Totals				-					207,289	0	
Cur	rent Year Totals					999,793				-	0	35,108

Supplemental Schedules - 1999 Company: TRUE SCHOOL INC

Page: 1 EIN: 59-2369510

Form 990 - Exempt Organization Tax Return Line 43 - Other Expenses

Description	(A) Total	-	(C) Mgmt. & General	
				
ADVERTISING/PROMOTION	42,449.	42,449.	0.	0.
CREDIT CARD DISCOUNT	8,146.	8,146.	0.	0.
CASUAL LABOR	5,992.	5,992.	0.	0.
COMPUTER EXPENSE	3,233.	3,233.	0.	0.
COPIER EXPENSE	6,710.	6,710.	0.	0.
CURRIC EXPENSE	3,110.	3,110.	0.	0.
FIELD REPS	14,111.	14,111.	0.	0.
INSURANCE	23,021.	23,021.	0.	0.
LAB/SHOP EXPENSE	1,900.	1,900.	0.	0.
LICENSE FEES	145,547.	145,547.	0.	0.
MISCELLANEOUS EXPENSE	5,807.	5,807.	0.	0.
OFFICE SUPPLIES	6,327.	6,327.	0.	0.
PURCHASES FOR RESALE	4,479.	4,479.	0.	0.
REPAYMENTS	13,818.	13,818.	0.	0.
STAFF TRAINING		527.		0.
STUDENT ACTIVITIES	14,047.	14,047.	0.	0.
TAXES - OTHER	404.	404.	0.	0.
UTILITIES	39,674.	39,674.	0.	0.
VEHICLE EXPENSE	6,992.	6,992.	0.	0.
CLOSING COST/REFINACE	11,920.	0.	11,920.	0.
TOTAL	358,214.	346,294.	11,920.	0.

' Supplemental Letter of Explanation Company: TRUE SCHOOL INC

1999

EIN: 59-2369510

FORM 990 - Exempt Organization Tax Return

Part 1, Line 20 - Adjustment to fund balance due to prior year depreciation understatement.

Part IV, Line 64b - Mortgage schedule attached.

Please detach and return top portion with payment by JANUARY 08, 2000.

ETAIL

SCHOOL INC DBA DELPHI				Customer 21-4310434		Invoice No. 09910551104		Due Date 01/08/00		Total Due 4,699.29	
OBLIGATION NO. RATE NOTE DATA 265 7.450 07/08/99		ORIG/RENEHAL AMOUNT P 505,000.00		1ATURITY 17/08/14				<u>-</u>			
Date	Transac	tion Desc	ription	Activity	I	Balance					
12/06/99 12/06/99 ADJUST 01/08/00	Previou Praviou Princip Interes Prior P Int 024 Int 007	g Balance is Princip is Interes ial Payment rincipal days a days a	eal Due et Due et t Actyty	1,600.70 3,098.59 1,600.70- 3,098.59- 0.66- 2,470.43 720.55 1,508.97		,003.29 ,402.59					
PRINCIPA INTERES' TOTAL	AL Y	PAS	3UQ T3 0.00 0.00 0.00	THIS PERIOD 1,508.97 3,190.32 4,699.29	1,	AL DUE 508.97 ,198.32 ,699.29	٠				
				ī							
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				4		ļ					
				•							
						}					
						j					

Thank you for your business!

COMMERCIAL LOAN SERVICE CENTER 21 NATIONSBANK NA P O BOX 45264 JACKSONVILLE FL 32232-5264



Page 1 of

Commercial Loan Invoice