Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

This Form is Open to Public Inspection

A F	or th	10 1	999 calendar year, OR tax year period beginning		and en	iding		
B	heck Cha	lf. ange	Please use IRS				D Employer (c	ientification number
	add	iresa		nternational			59-29	987746
]initi retu	ΙM	type. Number and street (or P.O. box if mail is no	ot delivered to street address)		Room/suite	E Telephone	
	Fina retu	LETO					(727)	446-1722
	_re(Ļ	red al:	col Instructions. City or town, state or country, and ZIP+4 Clearwater, FL 3375	5			F Check	if exemption application is pending
G T	DERING	iacı	rganization - X Exempt under 501(c) (3)] secti	ion 4947(a)(1) nonexe	not charitable t	
	• •		ion 501(c)(3) exempt organizations and 4947(a)					
H(a)	Ist	his a	a group return filed for affiliates?	Yes X No I	If eit	ther box in H is checke	d 'Yas,' enter fo	ur-digit group
			enter the number of affiliates for which this			mption number (GEN)		
	reti	urn 1	ls filed: Þ		Acce	ounting method: 🛛 🗵	Cash [Accrual
_(c)	is th	ıla a	separate return filed by an organization covered by a group ruling?	Yes X No		Other (specify)		
			e 🕨 🔲 if the organization's gross receipts are norm					e IRS; but
			ed a Form 990 Package in the mail, it should file a return					
			990-EZ may be used by organizations with gross r				n \$250,000 at	end of year.
P	i		Revenue, Expenses, and Changes in		pala	inces	 	
	1		Contributions, gifts, grants, and similar amounts receive	•	1a	1 352	.94.	
}		a b	Direct public support		1b	. 332	· · · · · · · · · · · · · · · · · · ·	
) }		C	Government contributions (grants)					
,		ď	Total (add lines 1a through 1c) (attach schedule of con			Stmt	1	
•			(cash \$35294 _ noncash \$				1d	35294.
	2	?	Program service revenue including government fees an					730620.
	3	ł	Membership dues and assessments				3	-1
}	4	ļ	Interest on savings and temporary cash investments				4	2696.
2	5	j	Dividends and interest from securities				5	
ろうている	6	ia	Gross rents					
3		þ	Less: rental expenses					
<i>?</i> 9	_	. C	Net rental income or (loss) (subtract line 6b from line 6	a)	• • • • • • • • • • • • • • • • • • • •			
Revenue	7		Other investment income (describe Gross amount from sale of assets other	/#\ Constition		/D\ OIL) 7	·
æ	ľ	· a	than inventory	(A) Securities 200400 •	8a	(B) Other		
		h	Less: cost or other basis and sales expenses	246175.	8b			
		C	Gain or (loss) (attach schedule)		80			
		d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 2			8a	-45775.
	9)	Special events and activities (attach schedule)	•				
		a	Gross revenue (not including \$,	1		
			reported on line 1a)		9a		94.	
		b	Less: direct expenses other than fundraising expenses		95		19.	675
	۱.,		Net income or (loss) from special events (subtract line			Statement	.3. gc	675.
	10	a	Gross sales of inventory, less returns and allowances			-		
	 	b C	Less: cost of goods sold			100)		
	11		Other revenue (from Part VII, line 103)	• •		•		27087.
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					750597.
	13	_	Program ម៉ាប់ខែង(from line 44, dolumn (B))					601927.
Expenses	14	•	(Management and general (from the 44, column (C))				14	142032.
ben	15	~	Fundraising (from line 44, co)ປฏิโก (D))				15	
X	16	₽	Payments to affillates (attach sonedule)		· • • • • • • • • • • • • • • • • • • •		16	<u> </u>
	17	ļ	Total expenses (add lines 16 and 44, column (A))				17	743959.
Ŋ	18		Excess of (deficit) fonthe year (subtract line 17 from lin Netassets of fund balances at beginning of year (from	le 12)		*	18	6638.
Net Assets	19		Other shouses in set seeds as fixed belones (""	iine 73, column (A))		Chahomont	19	1384760.
− ₹	,		Other changes in net assets or fund balances (attach ex					-250228. 1141170.
	21		Net assets or fund balances at end of year (combine lin	8 5 1 0 , 19, and 20)			21	<u> </u>

Form 990 (1999)

P			itions must complete colum ations and section 4947(a)(1			n 501(c)(3) 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			
22	Grants and allocations (attach schedule)			<u> </u>					
	cash \$noncash \$	22							
23	Specific assistance to individuals (attach schedule)	23							
	Benefits paid to or for members (attach schedule)	24			422.25				
	Compensation of officers, directors, etc.	25	102485.	0.	102485.	0.			
	Other salaries and wages	26	283236.	283236.		•			
	Pension plan contributions					 .			
	Other employee benefits		30905.	22694.	8211.				
	Payroll taxes		30903.	22034.	0211•				
	Professional fundraising fees	_		-					
	Accounting fees		651.		651.				
	Legal fees Supplies		21090.	14010.	7080.				
	Telephone		5878.	5878.					
	Postage and shipping		8680.		8680.				
	Occupancy		21799.	21799.					
	Equipment rental and maintenance		8691.	8691.		~**			
	Printing and publications								
	Travel								
	Conferences, conventions, and meetings								
	Interest		60162.	60162.					
42	Depreciation, depletion, etc. (attach schedule)	42							
43	Other expenses (itemize):								
а	·	43a							
b	l	43b							
C		43c							
	Coo Chatamant E	43d	00000	.105457	14025	i I			
	See Statement 5 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these	430	200382.	185457.	14925.	<u>. </u>			
	Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	743959.	601927.	142032.	0 .			
Rep	orting of Joint Costs Did you report in column (B) (Pro	gram services) any joint cos	ts from a combined educati	onal campaign and				
	draising solicitation?					Yes X No			
	'es," enter (I) the aggregate amount of these joint co					;			
	the amount allocated to Management and general \$			(Iv) the amount allocated to	Fundraising \$	·			
	art III Statement of Program Serv								
WII Tele	at is the organization's primary exempt purpose? ▶ lucation of children.	_		•		· Program Service			
All o	rganizations must describe their exempt purpose achievemen	ıts in a	clear and concise manner. State	the number of clients served, put	olications issued, etc. Discuss	Expenses			
achl	evernents that are not measurable. (Section 501(c)(3) and (4) o cations to others.)	nganiza	ations and 4947(a)(1) nonexempt (charitable trusts must also enter t	he amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.			
	To educate preschool the	hrc	ugh 12th gra	de children	in a safe	tream, but optional for outlors.			
_	and cultural environme								
	is enhanced for maximum		· · ·						
			((Grants and allocations \$) i	567253			
b			·						
			· · · · · · · · · · · · · · · · · · ·	•	•				
									
_				Grants and allocations \$					
C									
	······································)_				
d									
	· · · · · · · · · · · · · · · · · · ·		••	N	 				
_	Other program agging fallent activities			Grants and allocations \$ Grants and allocations \$	<u> </u>	<u> </u>			
	Other program Services (attach schedule)	line 4			<u> </u>	567253			
	Total of Program Service Expenses (should equal	m# 4	4, commi (R), ktođis <u>u sav</u>	vicas)	<u></u>	J0 / Z J J			

Page 3

Part IV Balance Sheets

ote:		e required, attached schedules and amoun Id be for end-of-year amounts only.	ts within the desc	ription column	(A) Beginning of year	(B) End of year
	45	Cash - non-interest-bearing		,	52127 45	
	46	Savings and temporary cash investments			17244. 46	3633.
	47 a	Accounts receivable	47a	·		
		Less: allowance for doubtful accounts		_	45102. 47	•
Ì	u	Less, anowance for doubted accounts	***********************		10101	
	48 a	Pledges receivable		2;3::2::2::2::2::2::2::2::2::2::2::2::2::2		
		Less: allowance for doubtful accounts		_	48	1
	49	Grants receivable		_	49	
	50	Receivables from officers, directors, trustees,				"
		and key employees			50	· [
şş	51 a					**
Assets	b	Less: allowance for doubtful accounts	51b		510	1
`	52	Inventories for sale or use			45938. 52	
	53	Prepald expenses and deferred charges			53	1
	54	Investments - securities			54	-
	55 a	Investments - land, buildings, and				
		equipment: basis	55a			
			······ ·-·			800 900 880
	b	Less: accumulated depreciation	55b		55	c
	56	Investments - other			. 56	i
	57 a	Land, buildings, and equipment: basis		1978837.		
	b	Less: accumulated depreciation			2330855 • 57	1978837.
	58	Other assets (describe)	7425 - 58	-
						-
	59	Total assets (add lines 45 through 58) (must ed	qual line 74)		2498691. ₅₉	
	60	Accounts payable and accrued expenses			5746. 60	5573.
	61	Grants payable	······································		61	
<u>e</u>	62	Deferred revenue			62	!
Liabilities	63	Loans from officers, directors, trustees, and key	employees		63	
<u> </u>		Tax-exempt bond liabilities			64	
	þ	Mortgages and other notes payable			1108185 . 64	·
	65	Other liabilities (describe) _	65	i
ļ		Tatal Hardwitz (c. 11 Hara CO Haranda CO)			1113931. 66	938176.
\dashv	66	Total liabilities (add lines 60 through 65)		e lines 67 through	1113931 66	330170.
	urgar	nizations that follow SFAS 117, sheck here	and complet	a lines o7 torougn		
ဖွ	67	69 and lines 73 and 74.				
ğ	67	Unrestricted			67	
ăla	68 50	Temporarily restricted			69	
팔	69	Permanently restricted				<u> </u>
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֓֓֓֞֡֞֡֞֡֓֓֡֡	urgan	70 through 74	intibiere unas			
5	70	Capital stock, trust principal, or current funds		0. 70	0.	
ets	70 71	Paid-in or capital surplus, or land, building, and		0 . 71	 -	
ın '	72	Retained earnings, endowment, accumulated in			1384760 . 72	44 44 4 4
ğ	16	•		12017000		
let As:		Total net assets or fund halaness (add lines 67	through 60 AR line	s 70 through 79.		833
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 column (A) must equal line 19 and column (B) i	-	-	1384760. 73	444466

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.

Part IV-A Reconciliation of Revenue Financial Statements with Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
a Total revenue, gains, and other support per audited financial statements	a N/A	a Total expenses and to audited financial state	sses per	D 3	N/A		
b Amounts included on line a but not on	21/12	b Amounts included on line 17, Form 990:	line a but not on		-1/12		
line 12, Form 990:		(1) Donated services					
(1) Net unrealized gains		and use of facilities					
on investments\$		(2) Prior year adjustments	S				
(2) Donated services		reported on line 20, Form 990	•				
and use of facilities\$(3) Recoveries of prior		(3) Losses reported on					
year grants\$		line 20, Form 990	•				
(4) Other (specify):		(4) Other (specify):					
\$		(1, 2 (2,22),	\$				
Add amounts on lines (1) through (4)		Add amounts on lines					
c Line a minus line b	C	c Line a minus line b .		▶ с	·····		
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on 990 but not on line a:					
(1) Investment expenses		(1) Investment expenses					
not included on		not included on					
line 6b, Form 990\$		line 6b, Form 990	.\$				
(2) Other (specify):		(2) Other (specify):	•				
Add amounts on lines (1) and (2)	d	Add amounts on lines	. • (1) and (2)				
e Total revenue per line 12, Form 990	-	B Total expenses per lin		····· - - - -			
(line c plus line d)	e	(line c plus line d)		▶ 8			
Part V List of Officers, Directors, T	rustees, and Key I	Employees (List each one	e even if not comper	isated.)			
(A) Name and address			- U-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances		
Pamela Chipman		Executive Dir	ector				
809 Lake Forest Road		4.0	00=00				
Clearwater, FL 33765		40+	38788		0.		
Suzanne Johnson 1461 N. Ridgelane Circle		Deputy Execut	TAG DILGO	COL			
Clearwater, FL 33755		40+	28677.	0.	0.		
		Director for			- 0.		
1601 Drow Ctroot							
Clearwater, FL 33755		40+	14965.	0.	0.		
Catherine Honka		Technical Dir		-			
1428 Palmetto Street							
Clearwater, FL 33755		40+	20055.	0.	0.		
							
					<u> </u>		
							
			_		<u> </u>		
				-			

923031 12-14-99

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Part VII	Analysis of Income-	Producing Ac						
Enter gross	amounts unless otherwise	<u> </u>		ted business income		ded by section 512,	513, or 514	(E)
indicated.			(A) Business	(B)	(C) Exclu-	(D)		Related or exempt
	nm service revenue:		code	Amount	slon code	Amoı	int	function income
(a) $\underline{\mathbf{T}}$	uition & Materi	<u>al Fees</u>						730620.
(b)		·						
(8)								•
—	dicare/Medicaid payments							
	es and contracts from government					1		
-	ership dues and assessments							•
	st on savings and temporary							-
	nvestments	.			Ì			2696.
	nds and interest from securities							
	ntal încome or (loss) from real est	Eco.	(See 1861)					
	ot-financed property		******************************					·
	t debt-financed property				- 	-		
	ntal income or (loss) from persona				1			
	investment income							
	r (loss) from sales of assets				<u> </u>			
						•		-45775.
	han inventory		-		+			675.
	come or (loss) from special events				<u> </u>			073.
	profit or (loss) from sales of inver	110ry			-			
103 Other		210				ł		26266.
	ookstore Materi	<u>ars</u>			<u> </u>			411.
	ransportation			 -				411.
	ommissions							410.
d					-	ļ		
8					***********	1		715303
	tal (add columns (B), (D), and (E))				•		0.	
	. (add line 104, columns (B), (D), a						≯,	715303.
NOTE: (LINE	e 105 plus line 1d, Part I, shou	id equal the amou	int on line	12, Part I. lightenent of Every	nt Du	**************************************		
	Relationship of Acti							
Line No.	Explain how each activity for whi				ed impor	tantly to the acco	mplishment (of the organization's
93A	exempt purposes (other than by				:	ina adı	antion	La atualanta
	Primary source			school; del.	тлет	Tild edu	Catton	to students.
	Interest on eme			niano dorra	<u></u>			
	Various events			<u> </u>	etc	•		
	Educational mat							
	Student transpor						12	
103C	Various program	s for stu	dents	; school pio	ctur	es, ven	ding,	etc.
								
	O Information P		L.c.!-!!	de a (Camalala III). B. 1	14.12 - 15.4	/U		
Part IX			udsidiai I	TIES (Complete this Part	11 U.B "Y	es" nox on 88 is	CHECKED.)	
	ress, and employer identification	Percentage of	Na Na	ture of business activities		Total inc	ome	End-of-year
number	of corporation or partnership	ownership interest						assets
	N/A	%						
		%						·
		%						
	1	%				<u> </u>		
	Under penalties of perjury, I declare correct, and complete. Declaration	that I have examined the of preparer (other than o	nis return, Incl officer) is base	luding accompanying schedules d on all information of which pr	s and stat eparer ha	tements, and to the s any knowledge. (I	best of my knov nportant: See G	viedge and belief, it is true, eneral instruction U.)
Please	1000				Pame	La Chip	man, E	xecutivé
Slgn	Tamela M	woman	\cup			ctor		
Here	Signature of officer			Date T	Type or p	orint name and ti	lie	
	Preparer's	1 A N	11/	THE PA DE	ate /	Check if		Preparer's SSN or PTIN 336-52-94/
Pald	signature / Cultura	10 1 K	LODE	UNI CITY	///0	O/ self- employe	d ▶ 🗓	506-50-7410
Preparer's	Firm's name (gryours Jud	ith A. Gi	lbert				EIN D	7,
Use Only	if self-employed) 627	Franklin	Stre	et		F		
	and address Cle	arwater,	FL	·			ZIP+4 ►	33756
000101								

Clearwater Academy International

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(l), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

1999

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Clearwater Academy International

Employer Identification number 59: 2987746

(a) Name and address of each employee paid		(b) Title and average hours per week devoted to	(c) Compensation	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other
more dish quoisas		рознин	<u> </u>	compensation	anowances
NONE		· ·			
	.		_		
·					
					<u> </u>
		·			
					<u>.</u>
		·			
					
Total number of other employees paid					
			or Profession	al Sarvicae	
			or Froiession	or Oct vices	
(a) Name and address of each independent	contractor paid more th	an \$50,000	(b) Type of s	ervice	(c) Compensation
	-,.				.
NONE					
				-	
			•		
		+			
	,,	. [
-					
					•
		·			
					
		·			
		l			
	more than \$50,000 position plans & deferred compensation alliances.				

LHA 923101 Schedule A (Form 990) 1999

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Pa	Support Schedule (C Note: You may use th	omplete only if you ch	ecked a box on line 10 Inuctions for converting), 11, or 12 above.) Us	e cash method of ac	counting. N/A
Cater begin	dar year (or fiscal year ning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 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					
21	on its behalf 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 schedule. Do not include gain or (lose) from sale of capital assets		_			
23	Total of lines 15 through 22	0.	0.	0.	0.	0.
24	Line 23 minus line 17					
25	Enter 1% of line 23					37/3
26	Organizations described in lines 10				***********	N/A
b	Attach a list (which is not open to pu governmental unit or publicly suppo				* D00000000	
	in line 26a. Enter the sum of all these					N/A
		TOXOGOO UNIDONGO		***************************************	Log	,
¢	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		▶ 26c	N/A
d	Add: Amounts from column (e) for li		19			
			26	ib	26d	N/A
8	Public support (line 26c minus line 2 Public support percentage (ilne 26c	(6d total)	tine 20e (denominator)		268	N/A N/A %
 '	Organizations described on line 12:					<u> </u>
	of, and total amounts received in eac (1998)	h year from, each "disqua	lified person." Enter the s	um of such amounts for	each year.	
b	For any amount included in line 17 to					
	that was more than the larger of (1) individuals.) After computing the diff excess amounts) for each year: (1998)	erence between the amou	int received and the large	r amount decribed in (1)	or (2), enter the sum of t	nese differences (the
C	Add: Amounts from column (e) for li	nes: 15		16		_
	17	nes: 15 20 and		21	▶ 270	N/A
đ	Add: Line 27a total	and I	ine 27b total		27d	N/A
6	Public support (line 27c, total minus	line 27d total)	00	074	N / A	N/A
1	Total support for section 509(a)(2) to Public support percentage (lin					N/A %
g h	Investment income percentage		•			N/A % N/A %
	Inusual Grants: For an organization					<u> </u>

public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

	ı	(To be completed ONLY by schools that checked the box on line 6	in Part IV)
--	---	---	-------------

20	Describe a regisetion have a registry and is given a registry and at the state by obstangers in the shades by laws at the grant and		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	X	
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	
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 the policy known	31	X	*******
	to all parts of the general community it serves?	31	A.	
	Legal notice placed in the local county newspaper.			
	degat notice placed in the local county newspaper.			
				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	- OEU		\vdash
	nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	02.0		ļ .
•	admissions, programs, and scholarships?	32c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		Х	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		X
þ	Admissions policies?	33b		X
G	Employment of faculty or administrative staff?			X
q	Scholarships or other financial assistance?			X
8	Educational policies?		<u> </u>	X
f	Use of facilities?		<u> </u>	Х
g	Athletic programs?		<u> </u>	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.)			
	Does the organization receive any financial aid or assistance from a governmental agency?			X
D	Has the organization's right to such aid ever been revoked or suspended?	34b		h
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	80000000		
40	1975-2 C.B. 587, covering racial nondiscrimination? If 'No," attach an explanation	35	х	
		[00		

Schedule A (Form 990) 1999

	neďule A (Form 990) 1999	·Clearwater Ac			al			<u>59–</u> :	<u> 2987746</u>	Page 5
P	art VI-A Lobbying E	Expenditures by Elected on the control of the contr							7	N/A
Chr		anization belongs to an affiliate		·1						.,,
		ecked "a" above and "limited co	* .							
<u> </u>	Li	mits on Lobbying Ex	penditures			(a Affiliated gr		als	(b) To be complet	
_	(The terr	n "expenditures" means amoun	ts paid or incurred)			_			electing orga	INZACIONS
	•					N/A	7	ĺ		
	Total lobbying expenditures to				36					•
	Total lobbying expenditures to	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		37					_
	Total lobbying expenditures (a	· ·			39					
	Other exempt purpose expend Total exempt purpose expend				40					 -
	Lobbying nontaxable amount.	·			70					
•	If the amount on line 40 is -		nontaxable amount is -							
		20% of the amou								
		,000 \$100,000 plus 15								
		0,000 \$175,000 plus 10			41					
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus 5%	of the excess over \$1,500,	000						
		\$1,000,000								
	Grassroots nontaxable amour				42					
	Subtract line 42 from line 36.				43					
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more than	1 line 38		44		80000 00 0			***********
	Cautien: If there is an amo	unt on either line 43 or line	44 you must file For	m 4790						
		Some organizations that made belov	v. See the instructions fo	or lines 45 throu	gh 50.)	· 		ากร		
_			Lobbying Exp	renditures Durk	ng 4-Ye	ar Averaging P	eriod		1	N/A
	lendar year (or eal year beginning in)	(a) 1999	(b) 1998	(c) 199			(d) 1996		(e Tot	
45	Lobbying nontaxable									_
_	amount		:0::0::0::0::0::0::0::0::0::0::0::0::0:	- 30.000, 20.000, 20.000	**********	2001-0010-11-01-001-001-001-001-001-001-	000000000000000000000000000000000000000	0000000000	300	0.
46	Lobbying ceiling amount									0.
47	(150% of line 45(e))								<u> </u>	0.
41	Total lobbying expenditures									0.
48	Grassroots nontaxable									0.
40	amount									
73	(150% of line 48(e))									0.
50	Grassroots lobbying									
F-20	expenditures									0.
	Eart VI-B Lobbying A	Activity by Nonelecting the control of the control	_	ies					3	A\N
Du	ring the year, did the organizati	on attempt to influence nationa	I, state or local legislatio	on, including any	/ attem	ot to	T.,	١		
infl	luence public opinion on a legis	lative matter or referendum, th	rough the use of:				Yes	No	Amou	nt .
а	Volunteers									
b		clude compensation in expense								
C							<u> </u>			
ď		ors, or the public						<u> </u>		
e		broadcast statements								
ſ		for lobbying purposes					 			
g h	Rallies, demonstrations, semi		-							
ï		add lines c through h)	· •							0.
•		log attach a ctatament civing a				***************************************				

Rart \	Intormation Reg Exempt Organia	- ·	d Transactions and	i Relationships with Noncharit	apie		
51 Dia		irectly or indirectly engage in any of	the following with any other	organization described in section			
	· · · · · · · · · · · · · · · · · · ·	ection 501(c)(3) organizations) or i					
	• •	janization to a noncharitable exemp	* .		ſ	Yes	No
		•	•		51a(I)		Х
					1		X
	her transactions:		•••••••••••••				
		ritable exempt organization			b(I)		X ·
					· 		Х
							Х
							Х
							Х
							X
•	•				-		X
	•	•		always indicate the fair market value of the			_ _
	•	given by the reporting organization		-			
•	•	nent, show in column (d) the value o	-		1	N/A	
(a)	(b)	(c)	ir the goods, ather desers, a	(d)		,	<u> </u>
Line no.	Amount involved	Name of noncharitable ex	cempt organization	Description of transfers, transactions, and s	haring ard	angen	nents
							
							•
			.				
			-				
		<u> </u>	-				
		, <u>.</u> .					
			 .				
	<u></u>	·	·				
		 -					
		<u> </u>	-				
				1			_
				anizations described in section 501(c) of the	_		_
Co	de (other than section 501(c)	(3)) or in section 527?		> L	Yes	LX	No
Ь 11.	Yes, complete the following :						
	(a) Name of orç) panization	(b) Type of organization	(c) Description of relationsh	io		
		- <u>-</u> -	13po or organización	2000 paon or television	·P		
			 				-
			 			 -	
		 -	, -				
····							
		<u></u>				•	
		- <u>-</u> -					
			<u> </u>				
				<u> </u>	 .		
			 				
			 -				-
			 				
			-	· -			
		 -	 	-			
			 				
000151	,		 .	Schad	ule A (Fai	m 990	1999

Form 990 Gain (I	oss) Fr	om Pub	licly T	raded	Securit	ies	St	atement	2
Description			oss Price		st or r Basis		pense Sale	Net Gai or (Los	
School Building School Van	-	2	00000.		225500.		18675.	-441 -16	
To Form 990, Part I, li	ine 8	2	00400.		227500.		18675.	-457	75.
Form 990	Speci	al Eve	nts and	Acti	vities -	-	St	atement	3
Description of Event		oss eipts	Contri Inclu		Gross Revenue		Direct Expenses	Net Incom	e
Various		1794.			179	4.	1119.	. 6	75.
To Fm 990, Part I, line	9	1794.	·		179	4.	1119.	6	75.
Description 1998 Equity Adjustment Various Non-Revenue, No Total to Form 990, Part	n-Expen	se Adj	ustment	s			<u> </u>	-2360 -141	46.
Form 990		Oth	er Expe	nses		<u> </u>	St	atement	
• .	(A)	Pro	B) gram	Mana			(D)	
Description	Tot	al	Ser	vices	and	Gen	eral E ————	undraisi ———	ng —
License Fees and Memberships Advertising and		63235.		6323					
Promotion Bank Charges and Credit Card Book Store Materials Commissions		18726. 2739. 25888. 8511.		1872 2588 851	8.		2739.		

'Clearwater Academy Inter	rnational			59-2987746
Contracted Services	21000.	21000.		
Curriculum	24674	24674		
Enhancement Field Trips and	34674.	34674.		
Graduation	2973.	2973.		
Insurance	11852.	237.00	11852.	
Grounds Maintenance	9125.	9125.		
County Taxes	334.		334.	
Way To Happiness	1005	1005		
Program	1325.	1325.		
Total to Fm 990, ln 43	200382.	185457.	14925.	
		ivities with Di fficers or Crea		Statement 6

Sale of school van at fair market value as disclosed under sale of assets.

34674.

Form 990	Cash Contributions of \$5000 or More Included on Part I, Line 1d	Statement	1
	*** Not Open to Public Inspection ***		
Contributor's Name	Contributor's Address	Amount	