

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning		and ending		
B Check if applicable		C Name of organization		
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions	APPLIED SCHOLASTICS EASTERN US		
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
<input type="checkbox"/> Initial return		31806 US Hwy 19 North		
<input type="checkbox"/> Final return		City or town	State or country	ZIP + 4
<input type="checkbox"/> Amended return		Palm Harbor	FL	34684
<input type="checkbox"/> Application pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		D Employer identification number 59-3557160	
G Web site ▶ N/A		E Telephone number (727) 784-7556		
J ORGANIZATION TYPE (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		
K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN		H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) N/A H(d) Is this a separate return filed by an organization covered by a group ruling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		I Enter 4-digit GEN ▶ 4171		
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 169,155		M Check <input checked="" type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)		

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)		
	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a	615
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d TOTAL (add lines 1a through 1c) (cash \$ 615 noncash \$)	1d	615
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	147,352
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
	7 Other investment income (describe ▶)	7	
	8 a Gross amount from sales of assets other than inventory	(A)-Securities	(B) Other
	b Less cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0
	9 a Gross revenue (not including \$ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0
	10 a Gross sales of inventory, less returns and allowances	10a	21,188
	b Less cost of goods sold See Statement 1	10b	17,627
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	3,561
	11 Other revenue (from Part VII, line 103)	11	
	12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	151,528
	13 Program services (from line 44, column (B))	13	159,627
	14 Management and general (from line 44, column (C))	14	22,057
	15 Fundraising (from line 44, column (D))	15	0
	16 Payments to affiliates (attach schedule)	16	
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17	181,684
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-30,156
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,098
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-28,058

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

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) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	66,856	58,676	8,180	
26	Other salaries and wages	42,901	39,808	3,093	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	8,746	7,848	898	
30	Professional fundraising fees	0			
31	Accounting fees	1,690	1,521	169	
32	Legal fees	1,810	1,629	181	
33	Supplies	2,497	2,247	250	
34	Telephone	8,300	4,980	3,320	
35	Postage and shipping	3,846	3,462	384	
36	Occupancy	24,894	22,404	2,490	
37	Equipment rental and maintenance	1,631		1,631	
38	Printing and publications	0			
39	Travel	4,753	4,278	475	
40	Conferences, conventions, and meetings	1,395	1,257	138	
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule) See Statement 2	1,085	998	87	
43	Other expenses not covered above (itemize) a Statement 3	11,280	10,519	761	
b		0			
c		0			
d		0			
e		0			
f		0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	181,684	159,627	22,057	0

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III	Statement of Program Service Accomplishments (See page 24 of the instructions)	Program Service Expenses Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
	What is the organization's primary exempt purpose? To improve and revitalize the field of Education All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a	Tutoring/Parenting/Study Courses Statement 4 (Grants and allocations \$ _____)	55,206
b	Assistance to Educational and Literacy Programs Statement 4 (Grants and allocations \$ _____)	47,550
c	Assistance to Educational Programs Statement 4 (Grants and allocations \$ _____)	56,871
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	159,627

Part IV Balance Sheets (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		3,143	45	0
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 0			
	b	Less allowance for doubtful accounts	47b 0	0	47c	0
	48 a	Pledges receivable	48a 0			
	b	Less allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		7,592	52	6,166
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments - land, buildings, and equipment basis	55a 0			
	b	Less accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments - other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment basis	57a 10,411				
b	Less accumulated depreciation (attach schedule) See Statement 5	57b 6,115	4,236	57c	4,296	
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		1,870	58	1,770	
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		16,841	59	12,232	
Liabilities	60	Accounts payable and accrued expenses		0	60	38,302
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> Payroll Taxes)		14,743	65	1,988
66	TOTAL LIABILITIES (add lines 60 through 65)		14,743	66	40,290	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		2,098	72	-28,058
73	TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		2,098	73	-28,058	
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		16,841	74	12,232	

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 per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a N/A</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify) _____ \$</p> <p>Add amounts on lines (1) through (4) ▶ b 0</p> <p>c Line a minus line b ▶ c N/A</p> <p>d Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) _____ \$</p> <p>Add amounts on lines (1) and (2) ▶ d 0</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e N/A</p>	<p>a Total expenses and losses per audited financial statements ▶ a N/A</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify) _____ \$</p> <p>Add amounts on lines (1) through (4) ▶ b 0</p> <p>c Line a minus line b ▶ c N/A</p> <p>d Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) _____ \$</p> <p>Add amounts on lines (1) and (2) ▶ d 0</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e N/A</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see page 26 of the instructions) See Statement 6

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Debbie Shadd 31806 US Hwy 19 North Palm Harbor, FL 34684	President, Director, Trustee 5 Hrs	38,971	0	0
Ruta Siauciunas 31806 US Hwy 19 North Palm Harbor, FL 34684	Secretary, Director, Trustee 4 Hrs	27,885	0	0
Jim Burghorn 31806 US Hwy 19 North Palm Harbor, FL 34684	Treasurer, Director, Trustee 2 Hrs	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If "Yes," attach schedule-see page 26 of the instructions

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Trademarks License Fees					128,911
b	Training					17,243
c	Administrative Services			15	1,413	
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					3,561
103	Other revenue					400
a	Commissions					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		1,413	150,115
105	TOTAL (add line 104, columns (B), (D), and (E))					151,528

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	The Organization provides educational technology, guidance & quality control services to educational groups schools and tutors to enhance their ability to provide quality education to their communities
93b	Delivery of study courses and tutoring to both children and adults

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

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.

Please Sign Here: *Debbie Shadd* Signature of officer Date: 11/17/03

Debbie Shadd - President Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 3/15/2002 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W):
 Firm's name (or your self-employed) address and ZIP: Perfectly Balanced Books
 611 Druid Rd Ste 403, Clearwater, FL 33756
 EIN: 52-2304506
 Phone no: (727) 445-9707

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization APPLIED SCHOLASTICS EASTERN US	Employer identification number 59-3557160
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none enter "None ")

(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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services	0	
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Part III Statements About Activities (See page 2 of the instructions) Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990 Part V See Statement 7</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below)</p>	3		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A)
 - 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)
 - 11 b** A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)
 - 12** 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 charitable etc 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) (Also complete the SUPPORT SCHEDULE in Part IV-A)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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 instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)		1,800			1,800
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	187,489	198,025			385,514
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	187,489	199,825	0	0	387,314
24 Line 23 minus line 17	0	1,800	0	0	1,800
25 Enter 1% of line 23	1,875	1,998	0	0	

26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24				26a	36
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b	0
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c	1,800
d Add: Amounts from column (e) for lines	18	0	19	0	26d	0
	22	0	26b	0	26e	1,800
e Public support (line 26c minus line 26d total)					26e	1,800
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f	100.00%

27 ORGANIZATIONS DESCRIBED ON LINE 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.						
(2001)	N/A	(2000)	N/A	(1999)	N/A	(1998)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of and amount received for each year that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.							
(2001)	N/A	(2000)	N/A	(1999)	N/A	(1998)	N/A
c Add: Amounts from column (e) for lines	15	0	16	0	27c	0	
	17	0	20	0	27d	0	
d Add: Line 27a total	0	and line 27b total	0	27e	0		
e Public support (line 27c total minus line 27d total)					27e	0	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f	0	
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g	0.00%	
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h	0.00%	

28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See page 7 of the 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?		
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?		
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 to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	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		

N/A

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	N/A	N/A
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	N/A	N/A
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	N/A	N/A
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	N/A	N/A
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	N/A	N/A

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities (See page 11 of the instructions)
 (For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

APPLIED SCHOLASTICS EAST US
FORM 990 - 31 DECEMBER 2002
FEIN 59-3557160

STATEMENT 1

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

INCOME

Gross sales of inventory	21,188
Less	
Returns and Allowances	<u>0</u>
	21,188
Less	
Cost of good sold	<u>17,627</u>
Gross profit	<u><u>\$3,561</u></u>

COST OF GOODS SOLD

Inventory at the beginning of the year	<u>7,592</u>
Merchandise purchased during the year	16,201
Other costs	<u>0</u>
	23,792 84
Less	
Inventory at the end of the year	<u>6,166</u>
Cost of goods sold	<u><u>\$17,627</u></u>

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2002

Attachment Seq No
67

(Rev. March 2002)

Department of the Treasury
Internal Revenue Service (99)

See separate instructions Attach to your tax return

Name(s) shown on return APPLIED SCHOLASTICS EASTERN US	Business or activity to which this form relates Form 990	Identifying number 59-3557160
--	---	----------------------------------

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24 000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	0
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	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	24 000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	0	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562		0
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		0
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12		0

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	0

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	510
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						0
b 5-year property						0
c 7-year property						0
d 10-year property						0
e 15-year property						0
f 20-year property						0
g 25-year property			25 yrs		S/L	0
h Residential rental property			27 5 yrs	MM	S/L	0
i Nonresidential real property			27 5 yrs	MM	S/L	0
			39 yrs	MM	S/L	0
				MM	S/L	0

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20 a Class life		1,145	Attached	Schedule	S/L	82
b 12-year			12 yrs		S/L	0
c 40-year			40 yrs	MM	S/L	0

Part IV Summary (see page 6 of the instructions)

21 Listed property Enter amount from line 28	21	493
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,085
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)							25	0			
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)											
See Attached Sch		0 00%	0	0				493	0		
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)											
						S/L					
						S/L-					
		0 00%	0	0		S/L-		0			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	493			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1									29	0	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner or other more than 5% owner, or related person. If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note If your answer to 37, 38, 39, 40 or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see pg 9 of the instructions)		0		0	0
43 Amortization of costs that began before your 2002 tax year					43 0
44 Total Add amounts in column (f) See page 9 of the instructions for where to report					44 0

Depreciation and Amortization
 Form 990 - Part II, Line 42

Description of Property

Description of item	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or Other Basis	Basis reduction	Accumulated depreciation /amort	Current year deduction
---------------------	------------------------	-----------------	--------------	---------	---------------------	-----------------	---------------------------------	------------------------

OFFICE FURNITURE & FIXTURES

Furniture & Equipment	2000				330		330	0
Furniture & Equipment	2000				698		698	0
Furniture & Equipment	2000				500		500	0
Furniture & Equipme	2000				500		500	0
Furniture & Equipment	2000				750		750	0
Furniture & Equipment	2000	SL	7	19	940		402	134
Furniture & Equipment	2000	SL	7	19	192		81	27
Furniture & Equipment	2000	SL	7	19	460		198	66
Furniture & Equipment	2000	SL	7	19	490		210	70
Furniture & Equipment	2000	SL	7	19	270		117	39
Furniture & Equipment	2000	SL	7	19	309		132	44
Furniture & Equipment	2001	SL	7	19	180		52	26
Furniture & Equipment	2001	SL	7	19	154		44	22
Furniture & Equipment	2001	SL	7	19	380		108	54
Furniture & Equipment	2001	SL	7	19	197		56	28
Furniture & Equipment	2002	SL	7	19	107		8	8
Furniture & Equipment	2002	SL	7	19	1,038		74	74
TOTALS							4260	592

COMPUTER EQUIPMENT & SOFTWARE

Computer Eq	2000				950		950	0
Computer & Printer	2000	SL	5	19	1174		705	235
Computer & Printer	2000	SL	5	19	920		552	184
Computer Eq	2001	SL	5	19	214		86	43
Computer Eq	2001	SL	5	19	158		62	31
TOTALS							2,355	493

REMOVALS

Furniture & Equipment	2000				(500 00)		(500 00)	0 00
TOTALS							(500 00)	0 00

TOTAL 990, Part II, Line 42

\$6,115 \$1,085

APPLIED SCHOLASTICS EASTERN US
 FORM 990 - 31 DECEMBER 2002
 FEIN 59-3557160

STATEMENT 3

OTHER EXPENSES
 FORM 990, PART II, LINE 43

	(A)	(B)	(C)	(D)
	Total	Program	Mngmt	Fundraising
		Services	& General	
1 Advertising & Promotion	3,672	3,672		
2 Bank charges and Credit Card services	2,328	2,094	234	
3 Commissions	143	143		
4 Insurance	2,962	2,664	298	
5 Dues	70		70	
6 Testing material	524	524		
7 Office Expenses	1,581	1,422	159	
Other Expenses itemized	\$11,280	\$10,519	\$761	\$0

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1- TUTORING/PARENTING/STUDY COURSES

We tutor children of all ages on their basic academics or reading, math, writing, spelling

We also provide parenting services to enable parents to do the best possible job in raising and educating their children

We also train children & adults in the study methods based on the works of L Ron Hubbard

TO FORM 990, PART III, LINE a

\$55,206 00

2- ASSISTANCE TO EDUCATIONAL AND LITERACY PROGRAMS

The purpose of Applied Scholastics East U S is to provide effective educational services and materials that help people to learn how to learn and thereby work effectively to achieve their goals and realize their full potential

It uses the educational breakthroughs developed by L Ron Hubbard throughout all of its programs

We assisted affiliates in Chicago, Boston, Florida, NY (Harlem), Georgia, Virginia Missouri and Cincinnati to deliver community literacy programs to thousands of adults and children

TO FORM 990, PART III, LINE b

\$47,550 00

3- ASSISTANCE TO EDUCATIONAL PROGRAMS

We provided materials, educational supplies, technical advice and support to 31 affiliates (schools and tutors) who use the study methods developed by Mr Hubbard

We gave on-site corrections and support to these groups to ensure technical correctness of their delivery We monitored their promotion and usage of Applied Scholastics trademarks

These groups and individuals are located throughout the Eastern United States

TO FORM 990, PART III, LINE c

\$56,871 00

APPLIED SCHOLASTICS EASTERN US
FORM 990 - 31 DECEMBER 2002
FEIN 59-3557160

STATEMENT 5

Accumulated Depreciation
Form 990 - Part IV, Line 57, Column B

Depreciation of Assets

	Cost or Other Basis	Accumulated Depreciation	Book Value
OFFICE FURNITURE	330	330	0
OFFICE FURNITURE	698	698	0
OFFICE FURNITURE	500	500	0
OFFICE FURNITURE	750	750	0
OFFICE FURNITURE	940	402	538
OFFICE FURNITURE	192	81	111
OFFICE FURNITURE	460	198	262
OFFICE FURNITURE	490	210	280
OFFICE FURNITURE	270	117	153
OFFICE FURNITURE	309	132	177
OFFICE FURNITURE	180	52	128
OFFICE FURNITURE	154	44	110
OFFICE FURNITURE	380	108	272
OFFICE FURNITURE	197	56	141
OFFICE FURNITURE	107	8	99
OFFICE FURNITURE	1038	74	964
COMPUTER EQUIPMENT	950	950	0
COMPUTER EQUIPMENT	1174	705	469
COMPUTER EQUIPMENT	920	552	368
COMPUTER EQUIPMENT	214	86	128
COMPUTER EQUIPMENT	158	62	96
TOTAL TO FORM 990 Part IV Ln 57	\$10,411 00	\$6,115	\$4,296

Line 58 (990) - Other Assets

		Beginning	End
1	Rent Deposit	1,700	1,600
2	Electric power deposit	170	170
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	1,870	1,770

APPLIED SCHOLASTICS EAST US
FORM 990 - 31 DECEMBER 2002
FEIN 59-355-7160

STATEMENT 6

Form 990 Part V

TRUSTEES, DIRECTORS AND OFFICERS WHO ARE ALSO EMPLOYEES
ARE COMPENSATED ONLY FOR THEIR EMPLOYMENT DUTIES AND
NOT FOR THEIR DUTIES AS TRUSTEES, DIRECTORS OR OFFICERS

APPLIED SCHOLASTICS EAST US
FORM 990 - 31 DECEMBER 2002
FEIN 59-3557160

STATEMENT 7

Schedule A, Part III, Line 2d

SCOTT SHADD IS RELATED TO DEBBY SHADD
SCOTT WAS PAID \$8,168 FOR HIS SERVICES
AS AN EMPLOYEE OF THE ORGANIZATION

Form 8868 (12-2002)

Page 2

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
 Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type of print	Name of Exempt Organization <i>Applied Scholastics of Florida</i>	Employer identification number <i>59-3557160</i>
	Number, street, and room or suite no. If a P.O. box, see instructions <i>31806 US Hwy 19 North</i>	For IRS use only
File by the due date for filing the return. See instructions.	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <i>Palm Harbor FL 34684</i>	

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

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 (GEM) _____ 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 is for

1. I request an additional 3-month extension of time until Nov. 15, 2003
 2. For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____
 3. If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 4. State in detail why you need the extension: *Additional time is needed for review by Accountants & Legal Counsel*
 5. 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. \$ _____
 6. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
 7. Balance Due. Subtract line 6b from line 5a. 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. \$ _____

Signature and Verification

Under penalty of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: *Rebby Shadd* Title: *President* Date: *14 Aug 03*

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the registrant's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ Date _____
 Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3 months of returned to an address different than the one entered above

Type of print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED

SEP 03 2003

LINDA WEISKOPF, FIELD DIRECTOR OF SUBMISSION PROCESSING, OGDEN

RECEIVED
AUG 9 0 2003
OGDEN UT