Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 1/01 , 2002, and ending 12/31 , 2002

B Check if applicable
- [X] Address change
- [ ] Name change
- [X] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions

LITERACY AND EDUCATION AWARENESS PROJECT
6600 BERMUDA AVE A
LAS VEGAS, NV 89119

D Employer Identification Number: 88-0497256

E Telephone number: (702) 731-6001

F Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If Yes enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No
(If No attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site ► N/A

J Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ► [X] 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**

I Enter 4 digit GEN ►

M Check ► [X] if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 13,927

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions gifts grants, and similar amounts received				
a	Direct public support	1a	10,945		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash $ 10,945 noncash $)			1d	10,945
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

d	Net gain or (loss) (combine line 8c columns (A) and (B))			8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a	1,689		
b	Less direct expenses other than fundraising expenses	9b	800		
c	Net income or (loss) from special events (subtract line 9b from line 9a)		STATEMENT 1	9c	889
10a	Gross sales of inventory less returns and allowances	10a	1,293		
b	Less cost of goods sold	10b	982		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STATEMENT 2	10c	311
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	12,145
13	Program services (from line 44 column (B))			13	50,387
14	Management and general (from line 44 column (C))			14	6,424
15	Fundraising (from line 44 column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44 column (A))			17	56,811
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-44,666
19	Net assets or fund balances at beginning of year (from line 73 column (A))			19	-40,162
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	-84,828

REVENUE / EXPENSES / NET ASSETS

SCANNED OCT 06 2003

RECEIVED SEP 29 2003 OGDEN, UT IRS-OSC

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

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 (att sch) (cash $ non cash $)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	31,250	31,250		
26 Other salaries and wages	26	2,460	2,460		
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	3,280	3,280		
30 Professional fundraising fees	30				
31 Accounting fees	31	2,235		2,235	
32 Legal fees	32	285		285	
33 Supplies	33	107	107		
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	4,950	4,950		
39 Travel	39	8,260	8,260		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	3,984	80	3,904	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) (D), carry these totals to lines 13 15	44	56,811	50,387	6,424	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**

What is the organization s primary exempt purpose? ► SEE STATEMENT 4

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 5 (Grants and allocations $)	50,387
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44 column (B) program services) ►	50,387

Part IV Balance Sheets (See 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			203	45	5,844
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	888			
b Less allowance for doubtful accounts	47b			47c	888
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes & loans receivable (attach sch)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	1,898
53 Prepaid expenses and deferred charges			5,000	53	
54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
55a Investments – land buildings & equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments – other (attach schedule)				56	
57a Land buildings and equipment basis	57a				
b Less accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe ►)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			5,203	59	8,630
LIABILITIES 60 Accounts payable and accrued expenses			404	60	1,884
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	91,000
64a Tax exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)			44,350	64b	
65 Other liabilities (describe ► SEE STATEMENT 6)			611	65	574
66 **Total liabilities** (add lines 60 through 65)			45,365	66	93,458
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			-40,162	67	-84,828
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☐ 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				72	
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)			-40,162.	73	-84,828
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			5,203	74	8,630

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

BAA

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

a	Total revenue, gains, and other support per audited financial statements ►	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	
c	Line a minus line b ►	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ►	e	

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements ►	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	
c	Line a minus line b ►	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ►	e	

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
JEFF JONAS 9717 WINTER PALACE LAS VEGAS, NV 89145	PRESIDENT 2	0	0	0
MIKE BALLARD 1769 CLEARWATER CANYON HENDERSON, NV 89012	TRUSTEE NONE	0	0	0
BEN TOCCI 108 EAST MESA VERDE LANE LAS VEGAS, NV 89123	TRUSTEE 20	31,250	0	0
LARRY PERNA 7221 JOHN GLENN CIRCLE LAS VEGAS, NV 89128	SECRETARY 8	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 instructions

Part VI Other Information (See instructions.)

		Line	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions — 81a: 0			
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 in Part III.) — 82b: 150			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	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.			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
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 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ► 0			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any 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 a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0			
90a	List the states with which a copy of this return is filed ► NONE			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b		2

91 The books are in care of ► JACK GAY Telephone number ► (702) 851-4693

Located at ► 6600 BERMUDA, SUITE A, LAS VEGAS, NEVADA ZIP + 4 ► 89119

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			3	889	
102 Gross profit or (loss) from sales of inventory					311
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				889	311
105 Total (add line 104, columns (B), (D), and (E)) ►					1,200

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 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).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).*

Please Sign Here

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

► Jeff Jonas 9/17/2003
Signature of officer Date

► JEFF JONAS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Bradley K. Wallace Date 9/3/03 Check if self-employed ► ☐ Preparer's SSN or PTIN (see General Instruction W) P00125594

Firm's name (or yours if self-employed) address, and ZIP + 4 ► O'BANNON WALLACE & NEUMANN, LLP
624 S 10TH ST
LAS VEGAS, NV 89101

EIN ► 88-0406002
Phone no. ► (702) 382-9500

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: LITERACY AND EDUCATION AWARENESS PROJECT

Employer identification number: 88-0497256

Part I — Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and 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 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		

Part III Statements About Activities (See instructions)

			Yes	No
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 ► $ N/A **(Must equal amounts on line 38,** Part VI A, or line i of Part VI B)	1		X
	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			
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)*			
	a Sale exchange or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	SEE FORM 990, PART V **d** Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships student loans etc? (See **Note** below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	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 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 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 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)	300				300
16 Membership fees received					
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					
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 schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	300				300
24 Line 23 minus line 17	300				300
25 Enter 1% of line 23	3				

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e) line 24 ► **26a** 6

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**

c Total support for section 509(a)(1) test Enter line 24 column (e) ► **26c** 300

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ **26d** -

e Public support (line 26c minus line 26d total) ► **26e** 300

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► **26f** 100 00 %

27 Organizations described on line 12 N/A

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) ______ (2000) ______ (1999) ______ (1998) ______

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) ______ (2000) ______ (1999) ______ (1998) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ **27c**

d Add Line 27a total ______ and line 27b total ______ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► **27h** %

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

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			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		
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		
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?	31		

If Yes, please describe if 'No,' please explain (If you need more space, attach a separate statement)

			Yes	No
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		

If you answered No' to any of the above, please explain (If you need more space attach a separate statement)

			Yes	No
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		

If you answered Yes' to any of the above, please explain (If you need more space, attach a separate statement)

			Yes	No
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

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

N/A

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)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44		
Caution *If there is an amount on either line 43 or line 44 you must file Form 4720*			

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

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)

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

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

N/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	Yes	No	Amount
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**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes complete the following schedule Column (b) should always show the fair market value of the goods other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52 a Is the organization directly or indirectly affiliated with, or related to one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SEMINARS/TUTORING	1,689	0	1,689	800	889
TOTAL	$ 1,689	$ 0	$ 1,689	$ 800	$ 889

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

BOOK SALES	$ 1,293
GROSS SALES	$ 1,293
LESS RETURNS & ALLOWANCES	0
NET SALES	$ 1,293
LESS COST OF GOODS SOLD	982
GROSS PROFIT FROM SALES OF INVENTORY	$ 311

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTOMOBILE	10		10	
BANK CHARGES	104		104	
MEALS	2,483		2,483	
OFFICE/ADMIN	80		80	
POSTAGE & FREIGHT	120		120	
PUBLIC RELATIONS/PROMO	315		315	
ROYALTY FEES	80	80		
TAXES AND LICENSES	515		515	
TELEPHONE	277		277	
TOTAL	$ 3,984	$ 80	$ 3,904	$ 0

STATEMENT 4
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS THE ADVANCING OF LITERACY THROUGH THE PROMOTION AND PROPER USE OF DICTIONARIES, IMPLEMENTATION OF EFFECTIVE EDUCATIONAL TECHNOLOGIES, AND ASSISTING SCHOOL TEACHERS WITH EDUCATION IN THESE METHODS

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
LITERACY AND EDUCATION AWARENESS PROJECT (LEAP) SPENT THE MAJORITY OF THEIR TIME PERFORMING VOLUNTEER ACTIVITIES IN SCHOOLS AND TEACHER TRAINING. LEAP GAVE 6 PRESENTATIONS TO THE FACULTIES OF PUBLIC SCHOOLS AND WAS ALSO INVOLVED IN RUNNING AN ENGLISH CLASS THROUGH TWO OF THE APPLIED SCHOLASTICS STURDY TECHNOLOGY COURSES IN ADDITION TO THE PRESENTATIONS MENTIONED ABOVE, PRO BONO TEACHER TRAINING IN THESE METHODS WAS PROVIDED TO APPROXIMATELY 100 TEACHERS AS A RESULT OF THE ABOVE EFFORTS, 40 COURSES ON 'HOW TO USE A DICTIONARY AND STUDY SKILLS FOR LIFE' WERE COMPLETED AT A LOCAL HIGH SCHOOL THESE ACTIVITIES DISCUSSED ABOVE ARE POSITIVE STEPS IN LEAP'S OBJECTIVES IN THAT THEY ENABLE TEACHERS AND STUDENTS TO BETTER STUDY ON THEIR OWN THE STUDY METHODS THEY LEARN INCLUDE AN INTRODUCTION TO SELF-AWARENESS AS A STUDENT, I E , THE STUDENTS ARE TAUGHT HOW TO SELF-MONITOR THEIR OWN PROGRESS AND THE STEPS TO REMEDY ANY BARRIERS AS A STUDENT		50,387
	$ 0	$ 50,387

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

PAYROLL TAXES PAYABLE	$ 574
TOTAL	$ 574

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1	INVENTORY AT START OF YEAR	0
2	PURCHASES	2,880
3	COST OF LABOR	0
4	ADDITIONAL 263A COSTS	0
5	OTHER COSTS	0
6	TOTAL (ADD LINES 1 THROUGH 5)	2,880
7	INVENTORY AT END OF YEAR	1,898.
8	COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	982

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ► [X]

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 or print File by the extended due date for filing the return See instructions	Name of Exempt Organization LITERACY AND EDUCATION AWARENESS PROJECT	Employer identification number 88-0497256
	Number street, and room or suite number If a P O box see instructions 6600 BERMUDA AVE A	For IRS Use Only
	City town or post office state and ZIP code For a foreign address see instructions LAS VEGAS, NV 89119	

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

[X] Form 990 [ ] Form 990 EZ [ ] Form 990 T (Section 401(a) or 408(a) trust) [ ] Form 1041 A [ ] Form 5227 [ ] Form 8870
[ ] 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 organizations four digit Group Exemption Number (GEN) ______ If this is for the whole group check this box ► [ ] If it is **part** of the group check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until 11/15 20 03

5 For calendar year 2002 or other tax year beginning ______ 20 __ and ending ______ 20 __

6 If this tax year is for less than 12 months check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a 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 $ ______

b 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 $ ______

c **Balance due** Subtract line 8b from line 8a 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 penalties 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 ► [signature] Title ► CPA Date ► 8/14/03

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 organization 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 filed 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 ______ By ______ Date ______

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

Type or print	Name O'BANNON WALLACE & NEUMANN, LLP
	Number and street (include suite room or apartment number) or a P O box number 624 S 10TH ST
	City or town province or state and country (including postal or ZIP code) LAS VEGAS, NV 89101