

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

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 2003 calendar year, or tax year beginning

, and ending

B Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

APPLIED SCHOLASTICS EASTERN US

Number and street (or P O box if mail is not delivered to street address)

1486 Cleveland St

City or town

Clearwater

State or country

FL

Room/suite

ZIP + 4

33755

D Employer identification number

59-3557160

E Telephone number

(727) 365-1439

F Accounting method

☒ Cash ☐ 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 ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ 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? ☒ Yes ☐ No

I Group Exemption Number ▶ 4171

G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ 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.M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 156,784

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	1,065	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 1,065 noncash \$)	1d	1,065	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	137,861	
3	Membership dues and assessments	3	0	
4	Interest on savings and temporary cash investments	4	0	
5	Dividends and interest from securities	5	0	
6a	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	0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a	0	0
c	Gain or (loss) (attach schedule)	8b	0	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	0
8d		8d	0	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	0	
b	Less direct expenses other than fundraising expenses	9b	0	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
10a	Gross sales of inventory, less returns and allowances	10a	17,806	
b	Less cost of goods sold See Statement 1	10b	14,834	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	2,972	
11	Other revenue (from Part VII, line 103)	11	52	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	141,950	
13	Program services (from line 44, column (B))	13	140,180	
14	Management and general (from line 44, column (C))	14	20,974	
15	Fundraising (from line 44, column (D))	15	6,595	
16	Payments to affiliates (attach schedule)	16	0	
17	Total expenses (add lines 16 and 44, column (A))	17	167,749	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-25,799	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-28,058	
20	Other changes in net assets or fund balances (attach explanation) See Statement 7	20	-45,444	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-99,301	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 22 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 \$ 0 noncash \$ 0)	0	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.	38,385	32,627	3,839	1,919
26	Other salaries and wages	55,280	46,988	5,528	2,764
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	7,465	6,345	746	374
30	Professional fundraising fees	0			
31	Accounting fees	1,043	887	104	52
32	Legal fees	0			
33	Supplies	4,700	3,995	470	235
34	Telephone	6,614	4,961	992	661
35	Postage and shipping	2,988	2,689	299	
36	Occupancy	20,687	18,618	2,069	
37	Equipment rental and maintenance	5,356	5,356		
38	Printing and publications	340	255		85
39	Travel	8,184	6,138	2,046	
40	Conferences, conventions, and meetings	3,152	2,679	473	0
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule) See Statement 2	1,167	1,050	117	
43	Other expenses not covered above (itemize). a See Statement 3	12,388	7,592	4,291	505
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	167,749	140,180	20,974	6,595

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 \$ 0, (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 25 of the instructions)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> To improve and revitalize the field of Education	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others
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 ASSISTANCE TO EDUCATIONAL AND LITERACY PROGRAMS. The purpose 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. We assisted affiliates to deliver community literacy programs to thousands of adults and children. We also did free workshops to local educational organizations. (Grants and allocations \$)	97,809
b 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. (Grants and allocations \$)	22,080
c BOOKS AND LECTURES INTO LIBRARIES. We provided books on our study methods to local libraries and did free lectures on our study methods for library patrons. (Grants and allocations \$)	20,291
d	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	140,180

Part IV Balance Sheets (See page 25 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		0	45 317
	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	6,166		52 8,333
	53 Prepaid expenses and deferred charges			53
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0		54 0
	Liabilities	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 4 57b		7,282	4,296	57c 3,129
58 Other assets (describe <input type="checkbox"/> Rent and utilities deposits)		1,770		58 1,770
59 Total assets (add lines 45 through 58) (must equal line 74)		12,232		59 13,549
60 Accounts payable and accrued expenses		38,302		60 7,750
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)	1,988		65 105,100	
66 Total liabilities (add lines 60 through 65)	40,290		66 112,850	
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 checked="" 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	-28,058		72 -99,301
	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)	-28,058		73 -99,301
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	12,232		74 13,549

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 27 of the 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	0
c	Line a minus line b	c	N/A
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	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	N/A

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	0
c	Line a minus line b	c	N/A
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	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	N/A

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions) See Statement 5

(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
Name <u>Debbie Shadd</u> Str <u>1486 Cleveland St</u> City <u>Clearwater</u> ST <u>FL</u> ZIP <u>33756</u>	Title <u>President, Dir,</u> Hr/WK <u>Trustee 55 hrs</u>	<u>34,219</u>	<u>0</u>	<u>0</u>
Name <u>Ruta Siauciunas</u> Str <u>1486 Cleveland St</u> City <u>Clearwater</u> ST <u>FL</u> ZIP <u>33756</u>	Title <u>Secretary, Dir,</u> Hr/WK <u>Trustee 40 hrs</u>	<u>4,166</u>	<u>0</u>	<u>0</u>
Name <u>Jim Burghorn</u> Str <u>1486 Cleveland St</u> City <u>Clearwater</u> ST <u>FL</u> ZIP <u>33756</u>	Title <u>Treasurer, Dir,</u> Hr/WK <u>Trustee 2 hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

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? If "Yes," attach schedule—see page 28 of the instructions

☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

		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
78 a	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
80 a	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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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	N/A
83 a	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
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
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? 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.	85b	N/A
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) orgs. 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) orgs. 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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="text"/> 0 ; section 4912 <input type="text"/> 0 ; section 4955 <input type="text"/> 0		
b	501(c)(3) and 501(c)(4) orgs. 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 <input type="text"/> 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/> 0		
90 a	List the states with which a copy of this return is filed <input type="text"/> N/A		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	6
91	The books are in care of <input type="text"/> Name Debbie Shadd Telephone no <input type="text"/> (727) 365-1439 Located at <input type="text"/> 1486 Cleveland St City Clearwater ST FL Zip + 4 <input type="text"/> 33755		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 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					123,189
b Training					13,777
c Administrative Services			15	895	
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					2,972
103 Other revenue a Commissions					52
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		895	139,990
105 Total (add line 104, columns (B), (D), and (E))					140,885

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 34 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 34 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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).

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.			
	Signature of officer <i>Debbie Shadd</i>		Date 10/21/04	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>		Date 9/8/2004	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Perfectly Balanced Books 611 Druid Rd Ste 403, Clearwater, FL 33756		EIN	Preparer's SSN or PTIN (See Gen Inst W)
			Phone no	(727) 445-9707

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

APPLIED SCHOLASTICS EASTERN US

59-3557160

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
Name Str City Zip Country	Title Avg hr/wk			
NONE				
Name Str City Zip Country	Title Avg hr/wk			
Name Str City Zip Country	Title Avg hr/wk			
Name Str City Zip Country	Title Avg hr/wk			
Name Str City Zip Country	Title Avg hr/wk			
Name Str City Zip Country	Title Avg hr/wk			
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
Name Str City ST ZIP Country	Check here if a business	
NONE		
Name Str City ST ZIP Country	Check here if a business	
Name Str City ST ZIP Country	Check here if a business	
Name Str City ST ZIP Country	Check here if a business	
Name Str City ST ZIP Country	Check here if a business	
Name Str City ST ZIP Country	Check here if a business	
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the 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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
See part V, Form 990 See Statement 6		
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 ▶ _____ City _____ ST _____ Country _____
- 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(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	151,528	187,489	198,025		537,042
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	151,528	187,489	199,825	0	538,842
24 Line 23 minus line 17	0	0	1,800	0	1,800
25 Enter 1% of line 23	1,515	1,875	1,998	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 1999 through 2002 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)					26f 100.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2002) N/A (2001) N/A (2000) N/A (1999) 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					
(2002) N/A (2001) N/A (2000) N/A (1999) N/A					
c Add: Amounts from column (e) for lines:					
15 0 16 0					27c 0
17 0 20 0 21 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)					
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 1999 through 2002, 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)

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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
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.)	32a 32b 32c 32d	
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.)	33a 33b 33c 33d 33e 33f 33g 33h	
34 a 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 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)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	N/A
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	N/A
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	N/A
42	Grassroots nontaxable amount (enter 25% of line 41)	42	N/A
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	N/A
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2003

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service

▶ 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	Identifying number 59-3557160
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Part I Election To Expense Certain 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	100,000
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	400,000
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	100,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6	0	0

7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562.	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	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	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	

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 2003	17	674
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 2003 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

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	0
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	1,167
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2003)

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 7 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input 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 6 of the instructions)						25	0		
26 Property used more than 50% in a qualified business use (see page 6 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 6 of the instructions):									
						S/L-			
						S/L-			
						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	
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 2003 tax year (see pg 9 of the instructions)		0		0	0
43 Amortization of costs that began before your 2003 tax year					0
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					0

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2003 Current Deprec	2003 Accum Deprec
MACRS deductions for prior years (Line 17)																
	Furniture and Fixtures	1/1/2000	B	100 00%	YES	B	2,661		0	2,661	7	S/L-GDS	HY	1,140	380	1,520
	Furniture and Fixtures	6/30/2001	B	100 00%	YES	B	911		0	911	7	S/L-GDS	HY	260	130	390
	Furniture and Fixtures	6/30/2002	B	100 00%	YES	B	1,145		0	1,145	7	S/L-GDS	HY	82	164	246
							4,717	0	0	4,717				1,482	674	2,156
ACRS and other depreciation (Line 16)																
	Computer Eq & Software	1/1/2000	E	100 00%	YES	B	2,094		0	2,094	5	S/L-GDS	HY	1,257	419	1,676
	Computer Eq & Software	6/30/2001	E	100 00%	YES	B	372		0	372	5	S/L-GDS	HY	148	74	222
							2,466	0	0	2,466				1,405	493	1,898
Totals														2,887	1,167	4,054

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

INCOME

Gross sales of inventory	17,806
Less:	
Returns and Allowances	<u>0</u>
	17,806
Less:	
Cost of good sold	<u>14,834</u>
Gross profit	<u><u>\$2,972</u></u>

COST OF GOODS SOLD

Inventory at the beginning of the year	6,166
Merchandise purchased during the year	17,001
Other costs	<u>0</u>
	23,167
Less:	
Inventory at the end of the year	<u>8,333</u>
Cost of goods sold	<u><u>\$14,834</u></u>

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 & Equipment	2000				750		750	0
Furniture & Equipment	2000	SL	7		940	-	536	134
Furniture & Equipment	2000	SL	7		192		108	27
Furniture & Equipment	2000	SL	7		460		264	66
Furniture & Equipment	2000	SL	7		490		280	70
Furniture & Equipment	2000	SL	7		270		156	39
Furniture & Equipment	2000	SL	7		309		176	44
Furniture & Equipment	2001	SL	7		180		78	26
Furniture & Equipment	2001	SL	7		154		66	22
Furniture & Equipment	2001	SL	7		380		162	54
Furniture & Equipment	2001	SL	7		197		84	28
Furniture & Equipment	2002	SL	7		107		24	16
Furniture & Equipment	2002	SL	7		1,038		222	148
TOTALS							4434	674

COMPUTER EQUIPMENT & SOFTWARE

Computer Eq.	2000				950		950	0
Computer & Printer	2000	SL	5		1174		940	235
Computer & Printer	2000	SL	5		920		736	184
Computer Eq	2001	SL	5		214		129	43
Computer Eq.	2001	SL	5		158		93	31
TOTALS							2,848	493

TOTAL 990, Part II, Line 42

\$7,282 \$1,167

APPLIED SCHOLASTICS EASTERN US
 FORM 990 - 31 DECEMBER 2003
 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	3,180	3,180		
2	Bank charges and Credit Card services	3,527		3,527	
3	Commissions	1,442	1,442	-	
4	Insurance	1,683	1,515	168	
5	Dues	195	175	20	
6	Property Tax	217	196	21	
7	PR Event	1,816	908	454	454
8	Employee meals	203	51	101	51
9	Contributions	125	125		
	Other Expenses itemized	\$12,388	\$7,592	\$4,291	\$505

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	536	404
OFFICE FURNITURE.	192	108	84
OFFICE FURNITURE	460	264	196
OFFICE FURNITURE.	490	280	210
OFFICE FURNITURE:	270	156	114
OFFICE FURNITURE:	309	176	133
OFFICE FURNITURE.	180	78	102
OFFICE FURNITURE.	154	66	88
OFFICE FURNITURE:	380	162	218
OFFICE FURNITURE:	197	84	113
OFFICE FURNITURE.	107	24	83
OFFICE FURNITURE	1038	222	816
COMPUTER EQUIPMENT.	950	950	0
COMPUTER EQUIPMENT:	1174	940	234
COMPUTER EQUIPMENT.	920	736	184
COMPUTER EQUIPMENT.	214	129	85
COMPUTER EQUIPMENT:	158	93	65

TOTAL TO FORM 990 Part IV Ln 57	<u>\$10,411</u>	<u>\$7,282</u>	<u>\$3,129</u>
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APPLIED SCHOLASTICS EASTERN US
FORM 990 - 31 DECEMBER 2003
FEIN 59-3557160

STATEMENT 5

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 EASTERN US
FORM 990 - 31 DECEMBER 2003
FEIN 59-3557160

STATEMENT 6

Schedule A, Part III, Line 2d

SCOTT SHADD IS RELATED TO DEBBY SHADD
SCOTT WAS PAID \$16,236.00 FOR HIS SERVICES
AS AN EMPLOYEE OF THE ORGANIZATION.

JANET DE SIMONE WAS REIMBURSED
\$ 1909.73 FOR PR EVENT EXPENSES SHE PAID
ON BEHALF OF APPLIED SCHOLASTICS

APPLIED SCHOLASTICS EASTERN US
FORM 990 - 31 DECEMBER 2003
FEIN 59-3557160

STATEMENT 7

Form 990-Page 1, line 20
Other changes in net assets or funds balances

The previous returns did not have all of the payroll tax liabilities reflected for 2000 and 2001. We have included these amounts totaling \$45,444 in this return

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

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

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization APPLIED SCHOLASTIC EASTERN US	Employer identification number 59-3557160
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1486 Cleveland St	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Clearwater, FL 33755	

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

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

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 4171 If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☒ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2003 or ☐ tax year beginning _____, and ending _____

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

3 a 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 \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

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 ► Kathleen G. Little Title ► Asst Date ► 5/6/2004
(HTA) For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

- 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).

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

Type or print	Name of Exempt Organization <i>Applied Scholastics Steam US</i>	Employer identification number <i>59-3557160</i>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <i>1486 Cleveland St.</i>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <i>Clearwater FL 33755</i>	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4	I request an additional 3-month extension of time until <i>Nov 15</i> 2004
5	For calendar year <i>2003</i> , or other tax year beginning _____ and ending _____
6	If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period
7	State in detail why you need the extension <i>additional time needed for review by accountants</i>
8 a	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 \$ _____ 0
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 \$ _____ 0
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 \$ _____ 0

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 *Kutler & Lisher* Title *Asst* Date *14-Aug-04*

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 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 _____

By _____

Director

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 <i>Perfectly Balanced Books</i>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <i>611 Druid Rd Ste 403</i>
	City or town, province or state, and country (including postal or ZIP code) <i>Clearwater, FL 33756</i>