

Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2003

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

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 WESTERN UNITED STATES

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

12460 EUCLID STREET SUITE 200

Room/suite

City or town, state or country, and ZIP + 4

GARDEN GROVE CA 92840-3351

D Employer ID number

95-4809088

E Telephone number

714-741-3181

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 ☒ NoH(b) If "Yes," enter number of affiliates ☒ N/AH(c) Are all affiliates included? ☒ N/A ☐ Yes ☐ No
(If "No," attach a list. See instr.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ NoI Group Exemption Number ☒ 4171M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ☒ NONE

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.L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ☒ 383,529

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 1,081

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 1,081 noncash \$)

1d 1,081

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 349,649

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

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

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) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a 32,734

b Less cost of goods sold

10b 20,457

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 1

10c 12,277

d Other revenue (from Part VII, line 103)

11 65

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 363,072

13 Program services (from line 44, column (B))

13 191,074

14 Management and general (from line 44, column (C))

14 173,905

15 Fundraising (from line 44, column (D))

15 6,309

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 371,288

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -8,216

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 78,810

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 70,594

EXPENSES
NET

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 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 \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25	58,961	29,480	26,338	3,143
26 Other salaries and wages	26	138,040	71,160	66,880	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	17,416	8,882	8,186	348
30 Professional fundraising fees	30				
31 Accounting fees	31	6,221		6,221	
32 Legal fees	32	500		500	
33 Supplies	33	6,492	3,311	3,051	130
34 Telephone	34	7,967	4,064	3,744	159
35 Postage and shipping	35	10,744	5,479	5,050	215
36 Occupancy	36	61,430	31,329	28,872	1,229
37 Equipment rental and maintenance	37	4,900	2,500	2,303	97
38 Printing and publications	38	5,930	3,024	2,787	119
39 Travel	39	3,169	1,617	1,489	63
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	4,872	2,485	2,290	97
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 2	43b	44,646	27,743	16,194	709
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	371,288	191,074	173,905	6,309

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

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

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

SEE STATEMENT 3

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.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 4

(Grants and allocations \$ _____) 191,074

b

(Grants and allocations \$ _____)

c

(Grants and allocations \$ _____)

d

(Grants and allocations \$ _____)

e Other program services (attach schedule)

(Grants and allocations \$ _____)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

191,074

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		48,336	45	36,838
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	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)	SEE WORKSHEET		50	3,395
	51a	Other notes and loans receivable (attach schedule)	51a	800		
	b	Less: allowance for doubtful accounts	51b		51c	800
	52	Inventories for sale or use		9,836	52	11,835
	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments-other (attach schedule)			56		
57a	Land, buildings, and equipment: basis	57a	50,478			
b	Less: accumulated depreciation (attach schedule)	57b	32,725	20,522	57c	17,753
58	Other assets (describe SEE STMT 6)			5,581	58	5,581
59	Total assets (add lines 45 through 58) (must equal line 74)			84,275	59	76,202
Liabilities	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe SEE STMT 7)			5,465	65
66	Total liabilities (add lines 60 through 65)			5,465	66	5,608
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		78,810	72	70,594
	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)		78,810	73	70,594
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		84,275	74	76,202

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.) N/A	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return N/A
a Total revenue, gains, and other support per audited financial statements ▶ 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) ▶ c Line a minus line b ▶ 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) ▶ e Total revenue per line 12, Form 990 (line c plus line d) ▶	a Total expenses and losses per audited financial statements ▶ 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) ▶ c Line a minus line b ▶ 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) ▶ e Total expenses per line 17, Form 990 (line c plus line d) ▶

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LAURIE ZURN SAME AS PAGE 1	TRUSTEE 2	0	0	0
JOANNE TAKANO IRWIN SAME AS PAGE 1	TRUSTEE 2	0	0	0
JONI GINSBERG SAME AS PAGE 1	TRUSTEE 2	0	0	0
DANIEL IRWIN SAME AS PAGE 1	EXECUTIVE DI 40	11,496	0	0
BILLY CHALMERS SAME AS PAGE 1	DIRECTOR 0	0	0	0
KEVIN RICHARDS SAME AS PAGE 1	DIRECTOR 0	0	0	0
DANIA QUEVEDO SAME AS PAGE 1	TREASURER 40	18,725	0	0
CATHY VINEY SAME AS PAGE 1	EXECUTIVE DI 40	28,740	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?
 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
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	
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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions N/A	81a	
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.) N/A	82b	
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	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	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 N/A	85c	
d	Section 162(e) lobbying and political expenditures N/A	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12 N/A	86a	
b	Gross receipts, included on line 12, for public use of club facilities N/A	86b	
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders N/A	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A	87b	
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 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
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	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
90a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) <u>90b</u> <u>9</u>		
91	The books are in care of KATHY VINEY Located at 12460 EUCLID ST. #200, GARDEN GROVE, CA		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> NONE		

Telephone no. **714-741-3181**
ZIP + 4 **92840-3351**

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 sec 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 COURSES & TUTORING INCOME					5,283
b SHIPPING CHARGES					859
c LICENSING FEES					343,507
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					12,277
103 Other revenue. a					
b REFERRAL COMMISSIONS			1	65	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		65	361,926
105 Total (add line 104, columns (B), (D), and (E))					361,991

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).
●	SEE STATEMENT 8

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	%			
	%			
	%			
	%			

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: *Cathy Viney* Date: *11/15/04*

Type or print name and title: *Executive Director Cathy Viney*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *11/15/04* Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Instr. W): *P00061505*

Firm's name (or yours if self-employed): *GREENBERG AND JACKSON CPAS* EIN: *95-3387333*

address, and ZIP + 4: *2930 LOS FELIZ BOULEVARD SUITE 103 LOS ANGELES, CA 90039* Phone no: *323-666-7700*

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

2003Department 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

**APPLIED SCHOLASTICS WESTERN UNITED
STATES**

Employer identification number

95-4809088**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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
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
d Payment of compensation (or payment or reimbursement of expense if more than \$1,000)? SEE PART V, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a 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)	3a		X
3b Do you have a section 403(b) annuity plan for your employees?	3b		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?	4		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 ►
☐ **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.)
☒ **11a** 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.)
☐ **11b** 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.)	24,066	10,209	144,165		178,440
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	328,832	327,145	323,772		979,749
18 Gross income from interest, dividends, amounts received from payment 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 benefits 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. STMT 10	3,626				3,626
23 Total of lines 15 through 22	356,524	337,354	467,937		1,161,815
24 Line 23 minus line 17	27,692	10,209	144,165		182,066
25 Enter 1% of line 23	3,565	3,374	4,679		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					3,641
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					0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					182,066
d Add: Amounts from column (e) for lines. 18 _____ 19 _____ 22 <u>3,626</u> 26b _____					3,626
e Public support (line 26c minus line 26d total)					178,440
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.0084%
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					N/A
(2002) (2001) (2000) (1999)					
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					N/A
(2002) (2001) (2000) (1999)					
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 on 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 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.

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?	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.)			
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.)			
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 page 9 of the 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)

36

Total lobbying expenditures to influence public opinion (grassroots lobbying)

37

Total lobbying expenditures to influence a legislative body (direct lobbying)

38

Total lobbying expenditures (add lines 36 and 37)

39

Other exempt purpose expenditures

40

Total exempt purpose expenditures (add lines 38 and 39)

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

42

Grassroots nontaxable amount (enter 25% of line 41)

43

Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

44

Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

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					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 12 of the 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

Forms
990 / 990-PF**Receivables Due from Officers, Directors, Trustees,
and Key Employees or Other Disqualified Persons****2003**

For calendar year 2003, or tax year beginning , and ending

Name

**APPLIED SCHOLASTICS WESTERN UNITED
STATES**

Employer Identification Number

95-4809088**FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION**

Name of borrower

Title

(1) **CATHY VINEY****EXECUTIVE DIRECTOR**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Original amount
borrowed

Date of loan

Maturity
date

Repayment terms

Interest
rate(1) **3,395****11/06/03****\$50 PER WEEK****0**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Security provided by borrower

Purpose of loan

(1) **None****Personal.**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Consideration furnished by lender

Balance due at
beginning of yearBalance due at
end of yearFair market value
(990-PF only)(1) **CASH - \$3,395****3,395**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Totals

3,395

Forms 990 / 990-PF	Other Notes and Loans Receivable	2003
For calendar year 2003, or tax year beginning , and ending		
Name APPLIED SCHOLASTICS WESTERN UNITED STATES		Employer Identification Number 95-4809088

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) ANA ACOSTA	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 900	2/03/03		NONE	0
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NONE	PERSONAL LOAN
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) CASH - \$900		800	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		800	

Form **4562****Depreciation and Amortization**

OMB No 1545-0172

(Including Information on Listed Property)

2003Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

**APPLIED SCHOLASTICS WESTERN UNITED
STATES**

Identifying number

95-4809088

Business or activity to which this form relates

INDIRECT DEPRECIATION**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	
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	
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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 ▶	13	

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 prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
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	4,725

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	0
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 use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		624	5.0	MQ	200DB	94
c 7-year property		1,479	7.0	MQ	200DB	53
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
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 instr.	22	4,872
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)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

APPLIED SCHOLASTICS WESTERN UNITED 95-4809088

Form 4562 (2003)

Page 2

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?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(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		
26 Property used more than 50% in a qualified business use (see page 6 of the instructions).											
		%									
		%									
27 Property used 50% or less in a qualified business use (see page 6 of the instructions)											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

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

30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
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						
34 Was the vehicle available for personal use during off-duty hours?	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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 page 9 of the instructions)					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

DAA

Form **4562** (2003)

Statement 1 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
BOOKSTORE SALES	\$ 32,734	\$ 20,457	\$ 12,277
TOTAL	\$ 32,734	\$ 20,457	\$ 12,277

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
AUTO EXPENSE	14,075	7,178	6,615	282
BANK CHARGES	1,244		1,244	
COMMISSIONS	188			188
DONATIONS	1,000		1,000	
FEES	299		299	
PAYROLL TAX PENALTY	621		621	
PR AND PROMOTION	13,837	13,837		
PROPERTY TAXES	220		220	
STAFF ENHANCEMENT	3,604	1,838	1,694	72
STAFF GIFTS	594		594	
TECH MATERIALS	482	482		
TUTORS/SUBS	168	168		
UTILITIES	3,988	2,034	1,874	80
WORKERS COMP INSURANCE	4,326	2,206	2,033	87
TOTAL	\$ 44,646	\$ 27,743	\$ 16,194	\$ 709

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

THE ORGANIZATION PROVIDES MANAGEMENT AND CONSULTING SERVICES FOR TEACHERS AND EDUCATIONAL GROUPS. TRAINING AND INSPECTION ARE OFFERED ON OR OFF SITE. BOOKS & MATERIALS ON HOW TO STUDY, TEACH AND TUTOR IN ANY ENVIRONMENT ARE SUPPLIED. TUTORING SERVICES ARE ALSO OFFERED AT THE ORGANIZATION'S FACILITY FOR AGES SIX THROUGH ADULT.

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

MANAGEMENT, CONSULTING AND TRAINING SERVICES TO EDUCATIONAL GROUPS, TEACHERS, AND TUTORS. DELIVERED AN ESTIMATED 12000 HOURS OF CONSULTING TO APPLIED SCHOLASTICS LICENSED GROUPS IN 2003.

Federal Statements

FYE: 12/31/2003

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 48,375	\$ 27,853	\$ 50,478	\$ 32,725
TOTAL	\$ 48,375	\$ 27,853	\$ 50,478	\$ 32,725

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 5,581	\$ 5,581
TOTAL	\$ 5,581	\$ 5,581

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
SALES TAX PAYABLE	\$ 49	\$ 437
PAYROLL TAXES PAYABLE	4,680	5,171
CONTRACT PAYABLE - FIXED ASSET PURCH	736	
TOTAL	\$ 5,465	\$ 5,608

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93C	LICENSE FEES FOR MANAGEMENT AND CONSULTING SERVICES TO EDUCATIONAL GROUPS, TEACHERS AND TUTORS.
93B	SHIPPING FEES FOR BOOKS SOLD AS PART OF TEACHER TRAINING.
93A	FEES FOR TRAINING AND TUTORING TEACHERS AND PUPILS.
102	INCOME FROM SALES OF TRAINING AND EDUCATIONAL MATERIALS.
103B	REFERRAL COMMISSIONS FOR EDUCATIONAL PROGRAMS.
103C	BOOK ROYALTIES FOR EDUCATIONAL BOOKS.

Statement 9 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

SEE WORKSHEET

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2002	2001	2000	1999
REFERRAL COMMISSIONS	\$ 3,626	\$	\$	\$
TOTAL	\$ 3,626	\$ 0	\$ 0	\$ 0

APPLIED SCHOLASTICS WESTERN UNITED
STATES

12460 Euclid Street Suite 200
Garden Grove, CA 92840-3351

**Electing out of the 50% Bonus Depreciation Allowance
for All Eligible Depreciable Property**

The taxpayer elects out of the first-year 50 % bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after May 5, 2003. This election applies to all qualified 50% bonus depreciation property placed in service during the tax year.

APPLIED SCHOLASTICS WESTERN UNITED
STATES

12460 Euclid Street Suite 200
Garden Grove, CA 92840-3351

**Electing out of the 30% Bonus Depreciation Allowance
for All Eligible Depreciable Property**

The taxpayer elects out of the 30% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after September 10, 2001 and before May 6, 2003. This election applies to all qualified 30% bonus depreciation property placed in service during the tax year.

Federal Asset Report

FYE: 12/31/2003

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
6	Tape Players	9/12/03	624				624	5 MQ200DB	0	94
			<u>624</u>				<u>624</u>		<u>0</u>	<u>94</u>
7-year GDS Property:										
7	Furniture	12/11/03	1,479				1,479	7 MQ200DB	0	53
			<u>1,479</u>				<u>1,479</u>		<u>0</u>	<u>53</u>
Other Depreciation:										
1	Computer Equipment	9/01/00	21,958				21,958	5 MO S/L	21,958	0
2	Furniture	9/01/00	6,374				6,374	7 MO S/L	1,898	910
3	Equipment	6/30/01	10,740				10,740	5 MO S/L	3,222	2,148
4	Furniture	6/30/02	3,394				3,394	7 MO S/L	242	485
5	Computer & Office Equip	6/30/02	5,909				5,909	5 MO S/L	533	1,182
	Total Other Depreciation		<u>48,375</u>				<u>48,375</u>		<u>27,853</u>	<u>4,725</u>
	Total ACRS and Other Depreciation		<u>48,375</u>				<u>48,375</u>		<u>27,853</u>	<u>4,725</u>
	Grand Totals		50,478				50,478		27,853	4,872
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>50,478</u>				<u>50,478</u>		<u>27,853</u>	<u>4,872</u>

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization APPLIED SCHOLASTICS WESTERN UNITED STATES	Employer Identification number 95-4809088
	Number, street, and room or suite no. If a P.O. box, see instructions 12460 EUCLID STREET 200	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instr GARDEN GROVE CA 92840-3351	

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 11/15/04

5 For calendar year 2003, or other tax year beginning _____ and ending _____

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

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE 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 EA

Date 8/11/04

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 GREENBERG AND JACKSON CPAS
	Number and street (include suite, room, or apt no.) Or a P.O. box number 2950 LOS FELIZ BOULEVARD SUITE 103
	City or town, province or state, and country (including postal or ZIP code) LOS ANGELES CA 90039

EXTENSION APPROVED
AUG 11 2004
SUBMISSION PROCESSING, CSDEN
FIELD DIRECTOR