Form . 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2003
Open to Public Inspection

A Fo	r the 200	3 calendar year, or tax year beginning , 2003, and ending	
B che	ck if applicable	Please C Name of organization THE COMMUNITY LEARNING CENTER INC	D Employer Identification number
	Address change	USE IRS DBA WORLD LITERACY CRUSADE OF PINELLAS CO.	59-3521809
	Name change	label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
	Initial return	type	
	Final return	See Specific 1611 N. FT. HARRISON AVE.	(727) 441-4444
	Amended return	Instruc- City or town, state or country, and ZIP + 4	F Accounting X Cash Accrual
Ш	Application pending	tions CLEARWATER, FL 33755-2425	Other (specify)
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable.	olicable to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	p return for affiliates? Yes X N
G W	ebsite: 🕨	N/A H(b) If "Yes," ente	r number of affiliates
0	rganization	type (check only one) ▶ X 501(c) (3) (Insert no) 4947(a)(1) or 527 H(c) Are all affiliate	
(c	heck here	If the organization's gross receipts are normally not more than \$25,000. The H(d) is this a separate	h a list. See instructions.)
01	ganızatıon		vered by a group ruling? Yes X N
ın	the mail, it	should file a return without financial data. Some states require a complete return.	otion Number
		M Check ▶	X If the organization is not required
. G	ross receip	ts Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch	B (Form 990, 990-EZ, or 990-PF)
Par	Rev	enue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the Instru	ctions)
		ontributions, gifts, grants, and similar amounts received	
		rect public support	
		direct public support	1
	1	overnment contributions (grants)	1
		tal (add lines 1a through 1c) (cash \$ 32,113. noncash \$ 5,809.)	1d 37,922
		ogram service revenue including government fees and contracts (from Part VII, line 93)	
		embership dues and assessments	
		erest on savings and temporary cash investments STMT. 1.	
	1	vidends and interest from securities	5
	I -	oss rents	
	1	ss rental expenses 6b	1
		et rental income or (loss) (subtract line 6b from line 6a)	6c
ē	l	.	7
Kevenue		her investment income (describe) oss amount from sales of assets other (A) Securities (B) Other	
Ď	1		1
_	1 .	an inventory	-{
		•	1
	1	ain or (loss) (attach schedule)	اما
		et gain or (loss) (combine line 8c, columns (A) and (B))	8d
		pecial events and activities (attach schedule) If any amount is from gaming, check here	
	F	ross revenue (not including \$ of	
		ntributions reported on line 1a)	-{
	1	ss direct expenses other than fundraising expenses	4_
		et income or (loss) from special events (subtract line 9b from line 9a)	90 600
	1	oss sales of inventory, less returns and allowances	
		ss. cost of goods sold	4
	1	oss profit or (loss) from sales of inventory (attach schedule) (subtract line of promine 102)	10c
	11 Ot	her revenue (from Part VII, line 103)	11
	12 To	otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 38,670
		ogram services (from line 44, column (B))	13 39,419
ses		anagement and general (from line 44, column (C))	14 19,077
Expenses	15 Fu	indraising (from line 44, column (D))	15 6,147
Ϋ́	16 Pa	yments to affiliates (attach schedule)	16 1,143
		otal expenses (add lines 16 and 44, column (A))	17 65,786
st s	18 Ex	cess or (deficit) for the year (subtract line 17 from line 12)	18 -27,116
SSE		et assets or fund balances at beginning of year (from line 73, column (A))	
Net Assets		her changes in net assets or fund balances (attach explanation)	20
ž	ı	et assets or fund balances at end of year (combine lines 18, 19, and 20)	21 131,380
For P	aperwork	Reduction Act Notice, see the separate instructions.	Form 990 (2003)

Pa	rt II			tions must complete column 4947(a)(1) nonexempt chai			
	Do no	of include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
		6b, 8b, 9b, 10b, or 16 of Part I.	<u> </u>	(-7	services	and general	(-,
22		ts and allocations (attach schedule	1				
22		noncash \$	22	 			
23 24	•	ic assistance to individuals (attach schedule)	24	 		ĺ	
25		ts paid to or for members (attach schedule) pensation of officers, directors, etc		1,605.	963.	562.	80
26	-	r salaries and wages	26	23,156.			1,157
27		ion plan contributions	27	23,130.	13,034.	8,103.	1,10/
28		r employee benefits	28				
29			29	2,320.	1,392.	812.	116
	Drofo	oll taxes	30	2,320.	1,392.	812.	116
30			31	1 750		1,173.	577
31		unting fees	32	1,750.			577
32		l fees		30.	75.0	20.	10
33		lies	33	1,128.	756.	372.	170
34		phone	35	3,432.	2,059.	1,201.	172
35		age and shipping		382.	229.	134.	19
36		pancy	36	5,395.	3,237.		
37		oment rental and maintenance	37	3,145.	1,887.	1,101.	157
38		ng and publications	38	5,550.	5,550.		
39		١	39	400.	300.		100
40		erences, conventions, and meetings .	40	3,289.	1,626.	<u> </u>	1,663
41		est	41	 			
42		ciation, depletion, etc (attach schedule).	42	7,526.	7,526.		
		expenses not covered above (itemize) 5 TMT 4		 		3,709.	1,826
			43b	· · · · · · · · · · · · · · · · · · ·			
			43c	 		<u> </u>	<u> </u>
d			43d				
е	= = = = =		43e			 	
44	Total for Organize these to	unctional expenses (add lines 22 through 43) zations completing columns (B)-(D), carry otals to lines 13-15	. 44	64,643.	39,419.	19,077.	6,147
Joir	t Cos	ts. Check ▶ if you are follo	wing	SOP 98-2.			
Are	any jou	nt costs from a combined educationa	i camp	aign and fundraising soli	citation reported in (B) Pro	ogram services?	.▶Yes x No
If "Y	es," ent	ter (i) the aggregate amount of these j	joint co	osts \$; (ii) the amount alloc	ated to Program services	\$
		ount allocated to Management and ge				allocated to Fundraising	
Pa	rt III	Statement of Program Servi	ce A	ccomplishments (Se	ee page 25 of the in	structions.)	· · · · · · · · · · · · · · · · · · ·
Wha	t is the	e organization's primary exempt purpos	e? ▶	TUTORING AT-RI	CK STUDENTS		Program Service Expenses
of c	lients	zations must describe their exempt served, publications issued, etc. Dis ons and 4947(a)(1) nonexempt charit	cuss	achievements that are	not measurable. (Sectio	on 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a y	Æ DI	ELIVERED ON AVERAGE 100) но	URS OF TUTORING	EACH WEEK TO	·····	
•		OXIMATELY 60 STUDENTS					
		RS AND PARENTS TO TUTOR					
					and allocations \$)	39,419
b					<u> </u>		
•	- -						
•							
				(Grants a	and allocations \$		
c ·							
•	-		- -				
•							
				(Grante s	and allocations \$		ĺ
ď		····		(Grants a	and anocations #		
٠.			- -				
	- -						
				,			
	<u></u>	program continue (attack calculat			and allocations \$	`	
e	Jiner Tatal	program services (attach schedule			and allocations \$		



50	3521	809
	,	

P	art IV	Balance Sheets (See page 25 of the instructions.)	_	_	
1		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
	45	Cash - non-interest-bearing	2,473.	45	4,142
	46	Savings and temporary cash investments	40,602.	46	24,324
		Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)	_ .	50	
		Other notes and loans receivable (attach			
ets		schedule)			
SSE		Less. allowance for doubtful accounts	6,277.		NON!
Ĕ	52	Inventories for sale or use		52	
		Prepaid expenses and deferred charges		53	
		Investments - land, buildings, and	 	54	
	JJa	equipment. basis			
	ь	Less accumulated depreciation (attach		,	
	1	schedule)		55c	
		Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis 57a 128,070.			
		Less: accumulated depreciation (attach			
		schedule)	110,664.	57c	104,592.
		Other assets (describe ▶)		58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	160 016		100 000
		Accounts payable and accrued expenses	160,016.	60	133,058.
		Grants payable		61	
		Deferred revenue		62	
ņ	1	Loans from officers, directors, trustees, and key employees (attach		02	
≝		schedule)		63	
abilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
		Other liabilities (describe ▶	1,520.	65	1,678.
	66	Total liabilities (add lines 60 through 65)	1,520.	66	1,678.
		nizations that follow SFAS 117, check here x and complete lines			
		67 through 69 and lines 73 and 74	150 406	1 1	404 000
Net Assets or Fund Balances		Unrestricted	158,496.		131,380.
		Temporarily restricted		68	
82		nizations that do not follow SFAS 117, check here ▶ and		03	
runa		complete lines 70 through 74			
5	70	Capital stock, trust principal, or current funds		70	
įts		Paid-in or capital surplus, or land, building, and equipment fund		71	
SSE		Retained earnings, endowment, accumulated income, or other funds		72	
i A		Total net assets or fund balances (add lines 67 through 69 or lines			
Ž		70 through 72;	a P.O. 4.C		
		column (A) must equal line 19, column (B) must equal line 21)	158,496.		131,380.
	14	LOTAL HADDINGS AND DELASSEIS / HIND DAIANOS LAND HOS AN AND / C	160 01E	. / /	122 750

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.

Pa	rt IV-A	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	Rein	er Audited evenue per structions.)	Par	t IV-B	Reconciliation Financial State Return	of Expenses ements with E	per xpe	Audited nses per
a	Total rev	enue, gains, and other support			а	Total	expenses and lo	sses per	\neg	
	per audit	ted financial statements 🔒 🕨	a]	audited	l financial statemer	nts ▶ _≛	a	
b	Amounts	s included on line a but not on			b	Amoun	its included on line	a but not		
	line 12, f	Form 990 [.]			1	on line	17, Form 990 [.]			
(1)	Net unrea	lized gains			(1)	Donated	l services			
, ,	on investr	ments \$			1	and use	of facilities \$		1	
(2)	Donated s				(2)	Prior ye	ar adjustments			
	and use o	f facilities \$	١		1	reported	i on line 20,		1	
(3)	Recoverie				[Form 99	90 \$			
	year grant	s \$			(3)	Losses	reported on			
(4)	Other (spe	ecify).				line 20,	Form 990 \$			
					(4)	Other (s	pecify):			
		<u> </u>			1			}		
	Add amo	ounts on lines (1) through (4) ▶	b]		<u> </u>			
			1		Ì	Add am	ounts on lines (1) thre	ough (4) ▶∐	<u>b</u>	
C	Line a m	ınus line b ▶	c		С	Line a i	minus line b	▶[C	
		s included on line 12,			d		its included on line			
	Form 99	0 but not on line a:			1	Form 9	990 but not on line	a:		
(1)	Investmer	nt expenses]	(1)	Investm	ent expenses			
	not includ	led on line				not inclu	uded on line			
	6b, Form	990 \$				6b, Forr	n 990 <u> \$ </u>			
(2)	Other (spe	ecify):			(2)	Other (s			- 1	
			İ		1					
		\$			1		\$		1	
	Add amo	ounts on lines (1) and (2) ▶	ď			Add an	nounts on lines (1)	and (2)	d	
		renue per line 12, Form 990			e		xpenses per line 1			
		us line d)	е				olus line d) · · · ·		e	
Pa		ist of Officers, Directors, T			nplo					, see page 27 of
	th	ne instructions)								
		(A) Name and address) ` h	ours p	nd average er week o position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pla deferred compensa	ans &	(E) Expense account and other allowances
						o poonion	1			
SEE	E STATE	EMENT 7					1,605	-0-	Ì	-0-
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7.5	Did any of	fficer, director, trustee, or key emp	love	e receive aggregate o	mnei	nsation of	more than \$100 000 t	rom vour		
	organizati	on and all related organizations, of attach schedule - see page 28 of the	wh	ich more than \$10,000				· .	\ 	es X No

Form	990 (2003)		ı	Page 5
	of VI ^c Other Information (See page 28 of the instructions.)		_	No
	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?	77		x
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<u> </u>	x
	If "Yes," has it filed a tax return on Form 990-T for this year?	78Ь		х
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
	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			
	and check whether it is exempt or nonexempt			
81 a	Enter direct and indirect political expenditures. See line 81 instructions	_		
ь	Did the organization file Form 1120-POL for this year?	81b		x
	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	
	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.)	.]		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83Ь	х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	х	<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84Ь	x	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		x
	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.			
С	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures 85d N/A]		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		x
	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		x
	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		}
	501(c)(12) orgs. Enter. a Gross income from members or shareholders	1		l
	Gross income from other sources. (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them.)	1		
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
	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 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
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
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N/A	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	List the states with which a copy of this return is filed >FLORIDA			
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90ь	17	
	The books are in care of AMI BOWEN Telephone no			
	Located at > 1611 N. FT. HARRISON AVE., CLEARWATER, FL ZIP+4 > 33755-24			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	<u></u>		
-	and enter the amount of tax-exempt interest received or accrued during the tax year	• • • •	N/A	<u>- </u>
			/ ^ 2	

3521809

SCHEDULE A (Form 990 or 990-EZ)

hization Exempt Under Secti

(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

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ THE COMMUNITY LEARNING CENTER INC

DBA WORLD LITERACY CRUSADE OF PINELLAS CO.

Employer Identification number

59-3521809 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.") (b) Title and average (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid more hours per week (c) Compensation than \$50,000 devoted to position allowances NONE Total number of other employees paid over \$50,000 NONE Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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

NONE

Total number of others receiving over \$50,000 for

professional services

56 3521809

Part IV-A Support Schedule (Comp. only if you checked a box on line 10, 11, or 12 se cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (a) 2002 (b) 2001 (d) 1999 (e) Total Calendar year (or fiscal year beginning in) (c) 2000 15 Gifts, grants, and contributions received (Do 152,637. not include unusual grants See line 28) 80,467. 113,445. 115,334 461,883. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 8,554. 40,521. 29,603. 26,540. 105,218. organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities toans (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 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 89,021. 153,966. 182,240. 141,874 567,101. 80<u>,467.</u> 115,334 113,445. 152,637. 461,883. 890. 1,822. 1,540. 1,419 9,238. 26 Organizations described on lines 10 or 11: 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 254,013. c Total support for section 509(a)(1) test. Enter line 24, column (e) <u>461,883.</u> d Add Amounts from column (e) for lines: 18 19 _____ 26b 254,013. ▶ 26d 254.013. 207,870. 45.0049 % 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) (2001) (2000) **NOT APPLICABLE** (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 (2002) (2001) (2000) (1999) d Add. Line 27a total Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 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)

NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following]		
_	a Records indicating the racial composition of the student body, faculty, and administrative staff?	222		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
	·			
	basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			1
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32c		<u> </u>
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				ĺ
33	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	33a		
))		1
t	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d		
	· · · · · · · · · · · · · · · · · · ·	-		
e	Educational policies?	33e		
_		000		
,	Use of facilities?	33f		
•	Ose of facilities:	331		
_	Athletic programs?			
g	Athletic programs?	33g		
	Other extracurricular activities?]		
ŀ	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		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " attach an explanation	35		

Page 5 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE Check ▶ a If the organization belongs to an affiliated group If you checked "a" and "limited control" provisions apply Check ▶ b (a) Limits on Lobbying Expenditures Affiliated group To be completed for ALL electing totals (The term "expenditures" means amounts paid or incurred) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37)......... 38 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \dots \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \cdot . \$225,000 plus 5% of the excess over \$1,500,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 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 (a) (b) (c) (d) (e) year beginning in) ▶ 2003 2002 2001 2000 Total Lobbying nontaxable Lobbying ceiling amount 46 (150% of line 45(e)) . . 47 Total lobbying expenditures Grassroots nontaxable Grassroots ceiling amount 49 (150% of line 48(e)) Grassroots lobbying 50 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.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No attempt to influence public opinion on a legislative matter or referendum, through the use of Amount X ${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}$) . . . X X 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

148.

TOTAL

AMOUNT						
148						

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

NET INCOME	600.
GROSS REVENUE	
DESCRIPTION	AUGUST 15,2003-CLC TOTALS

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FORM 990,	PART I	- PAYMENTS	TO AFFILIATES
========			

DESCRIPTION	AMOUNT
PAYMENTS TO AFFILIATES	1,143.
TOTAL	1,143.

PENSES
OTHER EXP
ı
I
PART
, 066
FORM

DESCRIPTION	TOTAL	MANAGEMENT AND GENERAL	FUNDRAISING
GENERAL & ADMINISTRATIVE EXPEN	5,535.	3,709.	1,826.
TOTALS	5,535.	3,709.	1,82

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE	
BORROWER: LEARN SETUP LOAN	
BEGINNING BALANCE DUE	77.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 6,2	77.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	
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ENDING BOOK VALUE

PAYROLL TAXES

1,678.

TOTALS

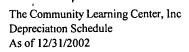
1,678.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

COMPENSATION	NONE	NONE	. 390	1,215.
TITLE AND TIME DEVOTED TO POSITION	CHAIRMAN OF BOARD	TREASURER OF BOARD	PRESIDENT	EXEC DIRECTOR
NAME AND ADDRESS	BEN KUGLER 2852 CHELSCA ST CLEARWATER, FL 33759	LOUIS COURNOYER 1476 CLEVELAND ST CLEARWATER, FL 33755	HOLLY HAGGERTY 1703 HARBOR DR. CLEARWATER, FL 33866	CLAIRE COURNOYER 1476 CLEVELAND ST CLEARWATER, FL 33755

1,605.

GRAND TOTALS



Asset Description	Date Placed in Service	Method	Life	Cost or Begin Basis	-	2002 Accum Deprec	-	-
Leasehold Improvements	1998		39	36,178	926	3,574	928	4,502
	1999		39	352	9		9	
	2000		39	829	21	63	21	84
	2001		39	302	8	16	8	24
	2002		39	34	1	1	1	2
Total Leasehold Improvements				37,695	965	3,690	967	4,657
Buildings	1999		39	62,100	1,590	4,770	1,591	6,361
Total Buildings				62,100	1,590	4,770	1,591	6,361
Quickbooks Software	1999		3	125	42	126		
Statistic software	2000		3	236	79	158	78	236
Intuit tax table	1999		3	108	36	108		
HEC reading program, network	1999		3	3,241	1,080		1,021	
Norton software	1999		3	130	43		1	130
Norton Software for IBM	2001		3	100	33		34	
HEC reading software, children	2001		3	1,100	367		367	
Literacy Pro Software	2001		3	2,200	733		733	,
Office MAC software	2001		3	301	100		100	
	2002		3	376	125	125	125	250
				7,917	2,639	4,253	2,459	6,478
Misc Office Equipment	1999		5	832	166	332	166	498
IMAC computer (Rouhana)	2000		5	700	140		140	·
2 IMAC computers (Pollack)	2000		5	1,998	400		400	1,200
3 Epson printers (Pollack)	2000		5	435	87		87	
1 IBM computer (Pollack)	2000		5	789	158		158	
1 Palm organizer	2000		5	249	50		50	
5 HP Pavilion computers (Verizon)	2000		5	3,000	600		600	,
5 HP monitors (Verizon)	2000		5	1,250	250		250	-
1 Xerox printer (Verizon)	2000		5	500	100		100	
Microsoft Bus 2001 for IBM	2001		5	234	47		47	
HP Deskjet Printer	2001		5	100	20		20	
1 Palm Organizer	2001		5	148	30		30	
Intuit tax table upgrade DR Elibrium	2002		5	112	22		22	
Misc Office Equipment	2002		5 5	30	30		6	
	2002		5	1,861	368		372	
Computer Equipment Office Equipment	2003 2003		5	1,050 170	0	•	53 8	53 8
	2003		,			••••••		
Total Office Equipment				13,458	2,467	3,473	2,509	5,982
Total Depreciable Fixed Assets				121,170	7,661	16,186	7,526	23,478
Remaining Depreciable Assets Balan Land	nce			121,170 6,900				97,692 6,900
Total Fixed Assets				128,070				104,592

