Citizen Audit.org

Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2002 calend	lar year, o	r tax year beginning		2, and en	iding				
В	Check	if applicable						D Em	ployer Iden	tification Number	
		ddress change	IRS label	The Florida Schoo		Inc		5	9-364 <u>9</u>	371	
	□N	arne change	or print or type	601 North Ashley	Drive #300			E Tel	ebpoue unu	nber	
	∐ır	ntal return	See specific	Tampa, FL 33602							
	[]F	ınal return	instruc tions					F Ac-	counting thod	Cash [Accrual
	Π	mended return	<u> </u>					┸	Other (spe	cify) 🕨	
		pplication pending	• Section	on 501(c)(3) organizations ar	d 4947(a)(1) nonexempt		i and I are not app	plicable to	section 527	organizations	
				able trusts must attach a co 990 or 990-EZ)	mpleted Schedule A	⊦	<mark>l(a) isthisa</mark> gi	roup return	for affiliates	s? Y es	X No
_	IA/ab	site ► N/A	(FOIII	330 di 330-62)			i (b) If Yes, ente	number of	affiliates	-	_
<u>u</u>	Web	Site - N/A				——- ⊦	(C) Are all affi	iliates inclu	đed?	Y**	No
J		inization type ck only one)	•	X 501(c) 3 ◀ (inser	t no) 4947(a)(1) or	527	(If No at	tach a list	See instruct	bons)	
<u></u>	<u> </u>			nization's gross receipts are		- 32/	l (d) is this a se	eparate reb	urn filed by :	an	
n				ed not file a return with the		on L	organizatio	n covered	by a group	ruling? Yes	X No
	rece	ived a Form 99	30 Packagi	e in the mail, it should file a	return without financial of	data 📙	 			<u> </u>	
		e states requir	- -			N				tion is not require	
				8b, 9b, and 10b to line 12 •					<u> </u>	. 990 EZ, or 990 P	PF)
Pa	rt I	Revenue	, Expen	ses, and Changes in I	Net Assets or Fund	Balan	ces (See Ins	tructions	s)		
	1	Contributions	, gifts, gra	nts, and similar amounts red	ceived				*		
	a	Direct public :	support			1 a	8,14	4,951	_		
	b	Indirect public	support			16]		
		Government		,,		1c			_		
	١	Total (add lines la through 1c) (ca		8,144,951 noncash)			1 d	8,144	<u>,951 </u>
	2	Program serv	ice revenu	ie including government fee:	s and contracts (from Pa	rt VII, lı∩	ne 93)		2		
	3 Membership dues and assessments								3		
	4 Interest on savings and temporary cash investments								4	41	,300
_	5		d interest f	rom securities		1 . 1			5		
Ξ	l	Gross rents				6a			4 .1		
	l	Less rental e				[6ь			4 11		
CANNED SE 09	1		•	ss) (subtract line 6b from lin	ie 6a)				6c		
过	7	Other investm	ent incom	e (describe	7-200	т	4D) 04		7-		
Ā	8a			es of assets other	(A) Securities	+_+	(B) Oth	ier	4. ".		
Ñ		than inventory	,			8a			-l` ∴l		
ΩŤ.				s and sales expenses		8ь			-{-, ; }		
¥		Gain or (loss) (at				8c			- .		
Z		• •	• •	oine line 8c, columns (A) and	2 (8))				8d		
E		•		vities (attach schedule)	of contributions						
7	a	Gross revenue reported on lu		uding \$	of contributions	9 a			0		
	h	•	•	ther than fundraising expens		9b			-		
				m special events (subtract li		_ <u> </u>			9c		
				/, less returns and allowance		10 a					
		Less cost of	-		.5	10Ь			1 1		
			_	es of inventory (attach schedule) (si	ibtract line 10b from line 10a)	<u> </u>			10°c		
	11	•	-	rt VII, line 103)	The road from the road of	DEC	EIVED	lo,	11		
į	12			s 1d 2, 3, 4, 5, 6c, 7, 8d, 9c	10c and 11)	MIL		181	12	8,186	251
\neg	13			line 44, column (B))	100		1 2003	1 21-	13	10,623	
E	14	_	-	al (from line 44, column (C))	308	AUG	2 1 2003		14		,046
P E	15			4, column (D))	المنا			-=[15		
Ņ	16			attach schedule)	7	OCI	DEN, UT	المسري	16		-
S E S	17			es 16 and 44, column (A))	3	000			17	10,651,	,837
	18			ie year (subtract line 17 from	3 line 12)				18	-2,465	
N S	19			nces at beginning of year (fr					19	4,039	
ጽ S E E T T	20			sets or fund balances (attac					20		·
Š	21	_		nces at end of year (combine					21	1,573,	, 877
BA				ct Notice, see the separate		7	TEEA0107L 09/0)4 <i>/</i> 02		Form 99	

Page 2

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

C	Oo not include amounts reported on line 6b 8b 9b 10b or 16 of Part I	7.0	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stm 1				32 646 44	, , , , , , , , , , , , , , , , , , ,
	(cash \$ 10255390					San Control
	non cash \$)	22	10,255,390	10,255,390	!	
	Specific assistance to individuals (att sch)	23			. *	100 100 100 100 100 100 100 100 100 100
24	Benefits paid to or for members (att sch)	24	13,125	13,125		3 7736 75
25	Compensation of officers, directors, etc Other salaries and wages	26	154,494	152,487	2,007	
26 27	Pension plan contributions	27	134,434	102,407	2/00/	
28	Other employee benefits	28				
29	Payroll taxes	29	12,823	12,665	158	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	57,885	42,055	15,830	
33	Supplies	33			, <u> </u>	
34	Telephone	34	12,199	11,610	589	
35	Postage and shipping	35	22,274	21,422	852	
36	Occupancy	36	32,851	30,223	2,628	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	11,527	10,368.	1,159	
39	Travel	39				
40	Conferences, conventions and meetings	40			<u> </u>	<u> </u>
41	Interest	41			·	
42	Depreciation depletion etc (attach schedule)	42	6,984	6,425	559	
43	Other expenses not covered above (itemize)					
	Contract Services	43a	3,670	3,376	294	
	Miscellaneous	43b	24,646	23,663	983	
	Office Expense	43c	39,509	36,522	2,987	
	Transfer to affiliates	43d	4,460	4,460		
•	·	43e				
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 15	44	10,651,837	10,623,791	28,046	0
lound	t Costs Check If you are following			10/020/101		<u> </u>
	any joint costs from a combined educationa			icitation reported in (B)	Program services?	► Yes X No
	es, enter (i) the aggregate amount of these			, (II) the a	mount allocated to prog	
\$			to management and ger		, and (iv) th	
_	ndraising \$					
Par	III Statement of Program Serv	ice A	ccomplishments		- · · - · - · · - · · · · · · · · ·	·
What	is the organization's primary exempt purpo	se? ►	See Stateme	nt 2		Program Service Expenses
All or clien	rganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable tr	rpose a achiev	achievements in a clear a ements that are not mea just also enter the amour	and concise manner Sta surable (Section 501(c) nt of grants & allocations	ate the number of)(3) & (4) organ s to others)	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a	The Organization provided	sch	olarships to 3	87 schools and	educational	
_	providers to enable stude	nts.	who could not	afford to oth	erwise, to	
	attend private schools in			· 		
				d allocations \$)	10,623,791
E		-				
				. 		
			(Grants and	d allocations \$)	
						
			(Grants and	d allocations \$)	
c						
					_	
				· - - -		
			(Grants and	d allocations \$		
	Other program services			d allocations \$)	
	Total of Program Service Expenses (sho	ıld equ	ial line 44, column (B), p	orogram services)		10,623,791
BAA	 	_	TEEA0102L 0	u mam)		Form 990 (2002)

Part IV Balance Sheets (See Instructions)

Not	e Where required altached column should be for end	d schedules and amounts within d of year amounts only	n the des	cription	(A) Beginning of y	/ear		(B) End of year
	45 Cash - non interest	bearing					45	
	46 Savings and tempora	ary cash investments		~	127,	127	46	49,326
l	47 a Accounts receivable		47 a				3.1	
	b Less allowance for o	foubtful accounts	47 b				47 c	
Į	48 a Pledges receivable		48 a	1,053,000			استسم	
	b Less allowance for o	doubtful accounts	48 b				48 c	1,053,000
	49 Grants receivable						49	261,834
A	50 Receivables from offi employees (attach so	icers, directors, trustees, and ki	ey				50	
ASSETS	51 a Other notes & loans receive	able (attach sch) See St 3	51 a	25,000				
	b Less allowance for o	doubtful accounts	51 b				51 c	25,000
	52 Inventories for sale of	or use					52_	
]	53 Prepaid expenses an	nd deferred charges			<u>. </u>		53	29,708
	54 Investments – secur.	ities (attach schedule)		► Cost FMV			54	
	55 a Investments - land,	buildings, & equipment basis	55 a					
	b Less accumulated di	epreciation		1			Û۵	
1	(attach schedule)	·	55 b		2 000	<u> </u>	55 c	1 450 015
- 1	56 Investments – other	•	1 1	See Stmt 4	3,908,	605	56	1,452,015
- 1	57 a Land, buildings, and	equipment basis	57 a	135,104			,	
	 b Less accumulated de (attach schedule) 	Statement 5	57 b	7,837	3,	731	.* 57 c	127,267
	58 Other assets (describ	e ► <u>See Statement 6</u>	<u> </u>)			58	4,940
	59 Total assets (add line	es 45 through 58) (must equal l	ine 74)		4,039,	463	59	3,003,090
- 1	60 Accounts payable an	d accrued expenses					60	31,713
뉘	61 Grants payable						61	
å	62 Deferred revenue						62	
ιl		ors, trustees, and key employees (attach	i schedule)				63	
LIABILITI	64 a Tax exempt bond liat						64a	
E	b Mortgages and other notes	ribe - See Statement	7	,			65	1,397,500
٦	66 Total liabilities (add I			 '		0	66	1,429,213
\dashv	Organizations that follow SF	. (22)	nd comp	lete lines 67				1,123,213
¥	through 69 and lines	· —						
- 1	67 Unrestricted				39,	904	67	225,342
₹SSSE -SS	68 Temporarily restricted	d			3,999,		68	1,348,535
Ę	69 Permanently restricte	ed		[69	
	Organizations that do not fo	llow SFAS 117, check here 🛌	ar	nd complete lines			337	
	70 through 74		_					
Į.	70 Capital stock, trust pr	rincipal, or current funds		ļ			70	
		plus, or land, building, and equ					71 72	
ŘΙ	72 Retained earnings, et	Retained earnings, endowment, accumulated income, or other funds						
BALAZUMN	73 Total net assets or fu 72, column (A) must	Fotal 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).						1,573,877
۱,	74 Total liabilities and n	et assets/fund balances (add lir	nes 66 a	nd 73)	4,039,	463	74	3,003,090

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.

Par	Art IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return						
a	Total revenue, gains, and other support per audited financial statements		8,234,559.	a	Total expenses and financial statements	losses per audited	a	10,700,145		
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included or on line 17, Form 990			4-14		
(1)	Net unrealized gains on investments \$			(1) Donated services and use of facilities \$	48,308.				
(2)	Donated serv ices and use of facilities \$ 48,308			(2	Prior year adjust ments reported on line 20, Form 990 \$,			
` .	Recoveries of prior year grants \$	4			Losses reported on line 20, Form 990 \$ Other (specify)					
(4)	Other (specify)			(4			,			
	Add amounts on lines (1) through (4)	. 1	40 200		\$	through (4)	٧n.			
с	Add amounts on lines (1) through (4) Line a minus line b	b c	48,308 8,186,251.	c	Add amounts on lines (1) Line a minus line b	Inrough (4)	LD C	48,308 10,651,837		
ď	Amounts included on line 12, Form 990 but not on line a	-	, * (\)	d	Amounts included or Form 990 but not on	n line 17, line a	·	10,031,037		
						in ic a		*\^\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
(1)	Investment expenses not included on line 6b, Form 990 \$, ,	1.5	(1,) Investment expenses not included on line 6b, Form 990 \$					
(2)	Other (specify)	•	° o,	(2	Other (specify)					
	\$	Š			\$		~	· · · · · · · · · · · · · · · · · · ·		
	Add amounts on lines (1) and (2)	d			Add amounts on line	s (1) and (2)	d	. <u> </u>		
e	Total revenue per line 12, Form 990 (line c plus line d)	е	8,186,251	e	Total expenses per l 990 (line c plus line c	d)	е	10,651,837		
Parl	V List of Officers, Directors	$\overline{}$				<u>_</u> _				
	(A) Name and address	(E	 Title and average hore per week devoted to position 	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t	(E) Expense account and other allowances		
Joh	n Kirtley	P	resident		0.	.	0	0		
601	North Ashley Drive Ste 3 pa, FL 33602	3 4	0							
	hele Cuteri		ırector		13,125.		0	0		
	North Ashley Drive Ste 3 pa, FL 33602	3 4	0							
121	rina Trice 06 St Andrews Place #207 amar, FL 33025	_ D _ 5	ırector		0		0	0 		
<u>-</u>	. 	-								
		-				<u> </u>		· · · · · · · · · · · · · · · · · · ·		
		-								
<u>-</u>		-								
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of If 'Yes,' attach schedule — see instruc	anc orga	i all related organization nizations?	gate ons, of	compensation of more which more than		<u> </u>	Yes X No		
BAA								Form 990 (2002)		

59-3649371

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Form 990 (2002) The Florida School Choice Fund, Inc

Form 990 (2002) The Florida School Choice Fund, Inc 59-36	549371	F	age 5				
Part VI Other Information (See instructions)		Yes	No				
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'	76		х				
attach a detailed description of each activity 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			777				
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return	n ² 78a		x				
b If Yes, has it filed a tax return on Form 990-T for this year?	78b	N.	Α				
79 Was there a liquidation, dissolution, termination, or substantial contraction during the			7				
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?	80 a	,	Х				
b If 'Yes,' enter the name of the organization > N/A							
and check whether it is exempt or nonex	empt		, , ,				
81 a Enter direct or indirect political expenditures. See line 81 instructions. 81 a	0	ا (
b Did the organization file Form 1120-POL for this year?	81 b	ļ	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?							
bilf 'Yes,' you may indicate the value of these items here. Do not include this amount as	33.73	,	2				
revenue in Part I or as an expense in Part II (See instructions in Part III)	N/A	ا من	* * *				
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_	X				
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a						
b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts wer	e 84b	N	ν »				
not tax deductible? 85 501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N.					
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	85b	N.					
waiver for proxy tax owed for the prior year		*	~, 3 , , °				
c Dues, assessments, and similar amounts from members	N/A	ر ک	, '				
d Section 162(e) lobbying and political expenditures	N/A	, `	100				
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		80.7				
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?	85 g	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?	85 h	N,	/A				
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	37.73		,				
line 12 86a	N/A		, ,				
b Gross receipts, included on line 12, for public use of club facilities 86b	N/A N/A		2 3				
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87 a	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	Ů,	200				
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnersh			1 W				
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_		Х				
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		٠	, , ,				
section 4911 ► 0 , section 4912 ► 0 , section 4955 ►	0	- ~-					
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a stateme explaining each transaction.	ent 89 b		Х				
c Enter, Amount of tax imposed on the organization managers or disqualified persons during the							
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•						
d Enter Amount of tax on line 89c, above, reimbursed by the organization	*		0				
90 a List the states with which a copy of this return is filed None	, -		_õ				
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90ъ	L					
91 The books are in care of > John F Kirtley Telephone number > Located at > 601 North Ashley Drive Ste 300, Tampa FL ZIP + 4 >	33602		- - -				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here	33002 N/	A	- □				
and enter the amount of tax exempt interest received or accrued during the tax year 92	1	-•	N/A				
BAA	Forn	1 990 (<u> </u>				

Part VI	Analysis of Income-Produc	ing Activit	ies (See instructions)	· <u>·</u>	·
			business income	·, · · · · · · · · · · · · · · · · · ·	ection 512 513, or 514	
Note Ente	er gross amounts unless indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Pr	ogram service revenue					
			<u> </u>	 		
ď						
e						
	dicare/Medicaid payments					
_	s & contracts from government agencies					·
	embership dues and assessments erest on savings & temporary cash invinits			14	41,300	
	idends & interest from securities		· - · · ·		417,500	
	rental income or (loss) from real estate			6	·	24, 0
a del	bt financed property					
	t debt financed property			ļ <u></u>		
	rental income or (loss) from pers prop	-		 		
100 Ga	ner investment income in or (loss) from sales of assets her than inventory				_	
	income or (loss) from special events		<u> </u>			
	ss profit or (loss) from sales of inventory				<u> </u>	
	ner revenue a	ماري تابره	600 C 6 8 S	1 1 1 1	, q (° , ° , ° , ° , ° , ° , ° , ° , ° , °	1.4 \$1.50g A
b			 	 		
с́—						<u> </u>
e	 					
104 Sub	itotal (add columns (B), (D), and (E))	/) /	41,300	
	tal (add line 104, columns (B), (D), ar				<u> </u>	41,300
	- 105 while has 14 Dark Laboritations	I the emount	on line 12 Part I			
	105 plus line 1d, Part I should equa					
Part VIII	Relationship of Activities to	the Acco	mplishment of Ex			
Part VIII		the Acco	mplishment of Ex	Part VII contrib	uted importantly to the	accomplishment
Part VIII Line No	Relationship of Activities to Explain how each activity for which	the Acco	mplishment of Ex	Part VII contrib	uted importantly to the	accomplishment
Part VIII	Relationship of Activities to Explain how each activity for which	the Acco	mplishment of Ex	Part VII contrib	uted importantly to the	accomplishment
Part VIII	Relationship of Activities to Explain how each activity for which	the Acco	mplishment of Ex	Part VII contrib	uted importantly to the	accomplishment
Part VIII Line No V N/A	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos	o the Acco income is rep ses (other tha	mplishment of Ex orted in column (E) of n by providing funds (c	Part VII contrib or such purposes	uted importantly to the	accomplishment
Part VIII Line No V N/A	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose Information Regarding Tax	income is repses (other that	mplishment of Ex orted in column (E) of in by providing funds fo diaries and Disre	Part VII contrib or such purposes	uted importantly to the s) es (See instructions)	
Part VIII Line No N/A Part IX	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Taxa (A)	the Acco	mplishment of Exported in column (E) of an by providing funds for the diaries and Disress (C	Part VII contrib or such purposes garded Entiti	es (See instructions)	(E)
Part VIII Line No N/A Part IX Name,	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose Information Regarding Tax	income is repses (other that	nplishment of Exported in column (E) of n by providing funds for diaries and Disrect (C	Part VII contrib or such purposes garded Entiti	uted importantly to the s) es (See instructions)	
Part VIII Line No N/A Part IX Name, par	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Tax (A) address, and EIN of corporation,	the Acco	mplishment of Exported in column (E) of high providing funds for the diaries and Disression of Nature of the state of the	Part VII contrib or such purposes garded Entiti	es (See instructions) (D) Total	(E) End of year
Part VIII Line No N/A Part IX Name, par	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Tax (A) address, and EIN of corporation,	the Acco	mplishment of Exported in column (E) of his providing funds for the providing funds funds for the providing funds for the prov	Part VII contrib or such purposes garded Entiti	es (See instructions) (D) Total	(E) End of year
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Part VIII Line No N/A Part IX Name, part N/A Part X a Did the	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trans e organization, during the year, receive any function the organization, during the year pay of 'Yes' to (b), file Form 8870 and Form	able Subsi (B) Percentage ownership into premiums, din 4720 (see in income is reported to the control of the	diaries and Disres Nature of R R R R R R R R R R R R R R R R R R	Part VII contrib or such purposes garded Entiti) activities onal Benefit a personal benefit co a personal bene	es (See instructions) (D) Total income Contracts (See instructions)	(E) End of year assets uctions) Yes X No Yes X No
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Part VIII Line No N/A Part IX Name, part IX A Did the b Did the Note /	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose the organization's exempt purpose the organization Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Transport organization, during the year, receive any function organization, during the year pay of 'Yes' to (b), file Form 8870 and Form Under penalties of perium 1 declare that thave the correct and complete Occlaration of present the process of the process of the process of the penalties of the process of the penalties of the penalties of perium 1 declare that thave the penalties of pe	able Subsi (B) Percentage ownership into premiums, din 4720 (see in income is reported to the control of the	diaries and Disres Nature of R R R R R R R R R R R R R R R R R R	Part VII contrib or such purposes garded Entiti) activities onal Benefit a personal benefit co a personal bene	es (See instructions) (D) Total income Contracts (See instructions) fit contract?	(E) End of year assets uctions) Yes X No Yes X No
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Part VIII Line No N/A Part IX Name, part IX A Did the b Did the Note /	Relationship of Activities to Explain how each activity for which of the organization's exempt purpose the organization sexempt purpose the organization Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Transport organization, during the year, receive any function of organization, during the year pay of 'Yes' to (b), file Form 8870 and Form Under penalties of periury 1 declare that there the correct and complete occlaration of pressure of officer	able Subsi (B) Percentage ownership into premiums, din 4720 (see in income is reported to the control of the	diaries and Disres Nature of R R R R R R R R R R R R R R R R R R	Part VII contrib or such purposes garded Entiti) activities onal Benefit a personal benefit co a personal bene	es (See instructions) (D) Total income Contracts (See instructions) fit contract? ments and to the best of my keer has any knowledge	(E) End of year assets uctions) Yes X No Yes X No
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Part VIII Line No N/A Part IX Name, part IX A Did the b Did the b Did the local the lo	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trans e organization, during the year, receive any function or organization, during the year pay of 'Yes' to (b), file Form 8870 and Form Under penalties of penuny 1 declare that whave true correct and complete Declaration of prescription Signature of officer Type or print name and title Preparer's signature	able Subsi (B) Percentage ownership into the premiums, directly or and premiums.	mplishment of Experience of Nature of State of S	part VII contribor such purposes garded Entite) activities onal Benefit a personal benefit co a personal benefit co a personal benefit co	es (See instructions) (D) Total Income Contracts (See instructions) fit contract? ments and to the best of my keer has any knowledge Date 8 14 03	(E) End of year assets uctions) Yes X No Yes X No
Part VIII Line No N/A Part IX Name, par N/A Part X a Did the b Did the Note / Please Sign Here Paid Pre- parer's	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trare e organization, during the year, receive any func- the organization, during the year pay of 'Yes' to (b), file Form 8870 and Form Under penalties of peripity 1 declaration of pre- Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if Natherson	able Subsi (B) Percentage ownership into the premiums, directly or independent of the premiums of the premium	mplishment of Experiment of Ex	part VII contribute or such purposes garded Entiti) activities onal Benefit co a personal benefit co a personal benefit co a personal benefit co	es (See instructions) (D) Total income Contracts (See instructions) fit contract? fit contract? ments and to the best of my ker has any knowledge Date Date 8 1 0 0 Check if self employed Prepar P000	(E) End of year assets Tuctions) Yes X No Yes X No whowledge and belief, it is ers SSN or PTIN (see il Instruction W) 053097
Part VIII Line No N/A Part IX Name, part IX A Did the b Did the b Did the local the lo	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos Information Regarding Taxa (A) address, and EIN of corporation, thership, or disregarded entity Information Regarding Trans e organization, during the year, receive any function the organization, during the year pay of 'Yes' to (b), file Form 8870 and Form Under penalties of perium in account to the correct and complete Declaration of pre Signature of officer Type or print name and title Preparer's signature Firm's name (or Natherson	able Subsi (B) Percentage ownership into the premiums, directly or independent of the premiums of the premium	mplishment of Experience of the providing funds for th	garded Entition parded Entition parded Entition parded Entition activities onal Benefit con a personal benefit con a pe	es (See instructions) (D) Total Income Contracts (See instructions) fit contract? fit contract? ments and to the best of my ker has any knowledge Date Date S 1 0 0	(E) End of year assets Tuctions) Yes X No Yes X No whowledge and belief, it is ers SSN or PTIN (see il Instruction W) 053097

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

2002

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer Identification number Name of the organization 59-3649371 The Florida School Choice Fund, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation Executive Director-Michael Benjamin Supply Project 601 N. Ashley Dr., Ste. 300 Tampa, FL. 33602 66,667 Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of others receiving over \$50,000 for professional services

Sch	edule	A (Form 990 or 990 EZ) 2002 The Florida School Choice Fund, Inc 59-36493	71	F	Page 2
Pa	rt IIi	Statements About Activities (See instructions)		Yes	No
1	to in	ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobbying activities \$\bigs\{\bigs\} \\ \N/A \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			١
	•	st equal amounts on line 38, Part VI A, or line i of Part VI B)	1		X
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other inizations checking. Yes, must complete Part VI B. AND attach a statement giving a detailed description of the ying activities.			٠,
2	subs taxa	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any ble organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)	1		2 % 2 % 2
á	Sale	e, exchange, or leasing of property?	2a	_	X
ŀ	Lend	ding of money or other extension of credit?	2ь		Х
Ć	: Furn	nishing of goods, services, or facilities?	2c		Х
C	1 Payr	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
•	Tran	sfer of any part of its income or assets?	2 e		Х
3 4		s the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) rou have a section 403(b) annuity plan for your employees?	3 4	Х	X
Note	Atta	ach a statement to explain how the organization determines that individuals or organizations receiving loans from it in furtherance of its charitable programs, qualify, to receive payments			
	t IV	Reason for Non-Private Foundation Status (See instructions)			
The	organ	ization 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	П	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	\vdash	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	\vdash	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 and state	name, (city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV A.)	170(b)((1) (A)	(iv)
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general p Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	ublic		
116	· 🔲 ′	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 from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV.A.)	l its sup	port	ots
13	_ (An organization that is not controlled by any disqualified persons (other than foundation managers) and supports orga 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) section 509(a)(3))	nizatior) (See	าร	
	-	Provide the following information about the supported organizations (See instructions)			
	_	(a) Name(s) of supported organization(s)	(b) Lin	e nun abov	nber /e
	_				
	-				
	_				
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			

1 141	(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		Ţ
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)			1973
			, 3	١,
			ί.	ĺ`.
		1 1	,	
32	Does the organization maintain the following		,, ,	
4	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		ļ
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 ь		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , ,	7	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	1	**	
		٠, ا		, `
		:	, ,	; ()
33	Does the organization discriminate by race in any way with respect to	۰, ° ۱		3000
•	a Students' rights or privileges?	33 a		** `
ı	b Admissions policies?	33b		
•	c Employment of faculty or administrative staff?	33 c		
•	d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33 e		
ſ	Use of facilities?	33 f		
ģ	g Athletic programs?	33g		_
ŀ	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)	3000	/ / / *	37.
		,		100
			, ` ,	an
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34Ь		
•	If you answered. Yes' to either 34a or b, please explain using an attached statement			,
3 5	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		-	\$.7.8
	nondiscrimination? If 'No,' attach an explanation	35		

Sch	edule A (Form 990 or 990	EZ) 2002 The Fl	orida School C	hoice Fund	, Ind	c	59-364	9371	Page 5
Par	t VI-A Lobbying E (To be complet	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F	ities (See instr orm 5768)	uctions)		N/A_	
Che	ck - a if the organi	zation belongs to an aff	iliated group Check	b If you	check	ed a and	imited con	trol provisions	арріу
		imits on Lobbying	-			Affiliate	a) d group als	(b) To be con for ALL e	npleted
		n expenditures' means	<u></u>	 				organiza	
36	Total tobbying expendit	•	· · -		36			 	
37	Total lobbying expenditi			/ıng)	37		 	 	
38	Total lobbying expenditi		37)		38	·		- 	
39	Other exempt purpose	•			39			 	
40	Total exempt purpose e			1-	40	··············	 	<u> </u>	
41	Lobbying nontaxable an					۰, ۰, ۰		1 65 3 85×1	' ^ <^
	If the amount on line 40		lobbying nontaxable are of the amount on line			رمين ر		J. 4. 3 40	, w 3
	Not over \$500,000 Over \$500,000 but not over \$1,		000 plus 15% of the excess of				رمان ا		
	Over \$1,000,000 but not over \$		000 plus 10% of the excess of		41	7.5	V) AV A	1000000	
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov		41	~ . ¥		1000000000	
	Over \$17,000,000	• • • • • • • • • • • • • • • • • • • •	000,000	er \$1,500,000					
42	_	• •	•		42	, , ,	r" i da'am	اد مدملت مت کام	
43	Subtract line 42 from lin				43			+	
44	Subtract line 41 from lin				44			 	
***	Caution If there is an a			a Form 4720	, , ,			1-27-	 (
	Caulion II lifere is an a		-					<u> </u>	
	(Some organ	nizations that made a si	Averaging Period lection do ection 501(h) election do ee the instructions for life	o not have to co	mplete	all of the five	e columns	below	
			Lobbying Expend	ditures During 4	-Year	Averaging P	eriod	_	
	Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000			d) 199	(e) Tota	
45	Lobbying nontaxable amount						·····		
46	Lobbying ceiling amount (150% of line 45(e))				- 10° 5 - 20° 5				
47	Total lobbying expenditures			! -					
48 	Grassroots non taxable amount	7.7		·····				,	
49	Grassroots ceiling amount (150% of line 48(e))			e ny haad		2 %		<u> </u>	
	Grassroots lobbying expenditures								
Par	LObbying A (For reporting o	ctivity by Nonelections by organizations that	ing Public Charitie at did not complete Part	e s . VI A) (See instr	uctions	5)		N/A	
Durar atten	ng the year, did the organ npt to influence public op	nization attempt to influe ninion on a legislative ma	ence national, state or lo atter or referendum, thr	ocal legislation, ough the use of	ıncludır	ng any i	Yes No	Amou	ınt
а	ı Volunteers							دَ وُ هُو رِدِ مِ إِ	, ,
b	Paid staff or manageme	ent (Include compensation	on in expenses reported	I on lines c throi	ıgh h)			استعمار سيجاد	Same a
c	: Media advertisements							ļ	
c	Mailings to members, le	gislators, or the public						ļ	
е	Publications, or published	ed or broadcast stateme	ents					ļ.	
	Grants to other organiza								
	Direct contact with legisl					ļ		 	
	Rallies, demonstrations,			any other mear	าร			ļ	
1	Total lobbying expenditu	•					, , , ,		
	If 'Yes' to any of the abo	ove, also attach a stater	ment giving a detailed d	escription of the	lobbyi				
BAA						Sch	edule A (Fo	orm 990 or 990	EZ) 2002

Part VII nform		The Florida School Choice Fund, Inc Transfers To and Transactions and Relation (See instructions)	
		y or indirectly engage in any of the following with any other (3) organizations) or in section 527, relating to political organization of	er organization described in section 501(c) organizations? Yes No 51a(i) X
(ii)Purchases (iii)Rental of f	ons xchanges of assets	th a noncharitable exempt organization charitable exempt organization rother assets.	a (I) X b (i) X b (II) X b (III) X b (IV) X
(vi)Performan c Sharing of faci d If the answer to the goods, oth any transaction	lities, equipment, mo any of the above in er assets, or service n or sharing arrange	ibership or fundraising solicitations ing lists, other assets, or paid employees Yes,' complete the following schedule. Column (b) should given by the reporting organization. If the organization re- ent, show in column (d) the value of the goods, other ass	
N/A 52a is the organiza described in se	tion directly or indire	lly affiliated with, or related to, one or more tax exempt or de (other than section 501(c)(3)) or in section 527?	of transfers, transactions, and sharing arrangements Ganizations Yes X No
Name o	(a) of organization	(b) Type of organization	(c) Description of relationship
			C-h-d-l- 4 (C 000 000 ET) 2002

Page 6

Form **4562**

Depreciation and Amortization (Including Information on Listed Property) See separate instructions Attach to your tax return

2002 67

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

The Florida School Choice Fund

Identifying number

	FIOLIDA SCHOOL		IIIC.						59-36493/1
	ess or activity to which this form rel cm 990/990-PF	ates							
		xpense Certau	n Tangible Properl	v Under Sec	tion	179	_		
L.S., 772		any listed propert	y complete Part V befo	re you complete	Part	i			
1	Maximum amount See in	structions for a hig	her limit for certain bus	nesses				1	\$24,000
2	Total cost of section 179 p	property placed in s	service (see instructions)				2	
3	Threshold cost of section	179 property before	e reduction in limitation					3	\$200,000
4	Reduction in limitation Su		•					4	<u> </u>
5	Dollar limitation for tax ye		from line 1. If zero or le	ss, enter 0 If	marrie	d filing		5	
 -	separately, see instruction	Description of property		(b) Cost (busines		-tus T	(C) Elected co		'
		Description of property		(D) COST (BUSINES	22 U2C (,,,,,,	(C) Elected (ost _	터 11. a 5.a
				 	-				
7	Listed property Enter the	amount from line 2	×9			7			4. (2. (1. 4. 2. (1. 4. 2. (1. 4. 2. (1. 4. 2. (1. 4. 2. 2. (1. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8	Total elected cost of section			c), lines 6 and 7	· L			8	
9	Tentative deduction Enter		-					9	
10	Carryover of disallowed de	eduction from line	13 of your 2001 Form 45	62				10	
11	Business income limitation	n Enter the smalle	r of business income (n	ot less than zero	o) or I	ine 5 (se	e instrs)	11	
12	Section 179 expense dedu	uction Add lines 9	and 10, but do not ente	r more than line	11_			12	
13	Carryover of disallowed de	eduction to 2003 A	dd lines 9 and 10, less	line 12	▶	13			% 22 of 72 of
	Do not use Part II or Part	III below for listed	property Instead use	Part V					
Par	t II Special Depre	ciation Allowa	nce and Other De	preciation (D	o not	include l	isted proper	ty)	
14	Special depreciation allow tax year (see instructions)	ance for qualified p	property (other than liste	ed property) plac	ced in	service	during the	14	
15	5 Property subject to section 168(f)(1) election (see instructions)						15		
16	Other depreciation (includ	ing ACRS) (see ins	tructions)			_		16	916
Par	t III MACRS Depr	reciation (Do not	include listed property) (See instructio	ns)				
			Section	on A					
17	MACRS deductions for ass	sets placed in servi	ce in tax years beginnir	ng before 2002				17	<u> </u>
18	If you are electing under some or more general asset	ection 168(i)(4) to t accounts, check h	group any assets placed nere	d in service durii	ng the	tax yea	r into	4.5%	
	Section E	3 - Assets Placed	ın Service Dunng 2002	Tax Year Using	the G	eneral D	epreciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	c	(e) onvention	(f) Metho	d	(g) Depreciation deduction
19a	3 year property	\$ 25 2							
b	5 year property]							
_ c	7 year property								
d	10 year property						<u> </u>		
e	15 year property	<u></u> \$500 € 1					<u> </u>		
	20 year property	<u> </u>			<u> </u>		<u> </u>		
	25 year property			25 yrs			S/I		
	Residential rental	<u> </u>		27 5 yrs		<u>MM</u>	S/I		<u> </u>
	property	<u> </u>		27 5 yrs	-	MM	S/I		
1	Nonresidential real			39 yrs	 	MM	S/I		
	property	 i			<u> </u>	MM	<u> S/I</u>		<u> </u>
		- Assets Placed in	Service During 2002 Ta	ax Year Using th	ie Alte	rnative			tem
	Class life	1 ,		10	-		S/I		
	12 year			12 yrs	-	10/	S/I		
Par	40 year	unaterial:>		40 yrs		MM	S/I		_l
	````					-		21	
	Listed property Enter amo Total Add amounts from line 12, of your return Partnerships and S		es 19 and 20 in column (g), ai	nd line 21 Enter hero	e and o	n the appro	opriate lines	21	016
23	For assets shown above a	nd placed in servic	e during the current yea		- 1			22	916
	the portion of the basis att	ributable to section	263A costs		23				1. 81 (2755) 1 W.

Total Other Notes and Loans \$

Other Notes and Loans Not-for-profit school Balance Due

Total Net Receivables \$

25,000

25,000

<u>Allowance</u>

0

0

25,000

2002 Federal State The Florida School Cho	ments	Page 2
Statement 4 Form 990, Part IV, Line 56 Investments - Other	~	
Description of Investment STI Classic Fd - US Govt MM	Valuation Method Market Value Total	Book Value \$ 1,452,015. \$ 1,452,015
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equipment	Accum	Book
Category Machinery and Equipment Total \$	Basis Deprec. 135,104 \$ 7,837. 135,104. \$ 7,837.	Value
Statement 6 Form 990, Part IV, Line 58 Other Assets		
Deposits	Total	\$ 4,940 \$ 4,940
Statement 7 Form 990, Part IV, Line 65 Other Liabilities Due to scholarship funding organization Scholarships payable	Total	\$ 350,000. 1,047,500 \$ 1,397,500.

Form **8868** (December 2000)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

► File a separate application for each return

IIII GIIIZI MAAGIMA	SALVICE	rile a separate application	for each return		
• If you are	filing for an Automatic 3-Month f	Extension, complete only Part I ar	nd check this box	<u></u>	<u> </u>
• If you are	filing for an Additional (not auto	matic) 3-Month Extension, comple	ate only Part II (on page 2 of the	s form)	<u></u> 1
Note Do noi	complete Part II unless you have	already been granted an automa.	tic 3-month extension on a prev	nously filed	
Form 8868					
Part I	Automatic 3-Month Extens	ion of Time - Only submit or	iginal (no copies needed)		
	990-T corporations requesting an a	<u>-</u>	•	t I only	▶ 🗍
All albor age	oorations (including Form 990 C fil	lars) must use Form 7001 to see	act on avtagger of time to file :	naana tau satusna. Da	
REMICS and	trusts must use Form 8736 to req	uest an extension of time to file F	or <u>m 10</u> 65 1 <u>066 or 10</u> 41	income (ax returns Pai	tnersnips
Type or print	Name of Exempt Organization			Employer identification number	
	The Florida School Choice Fund, Inc			59-3649371	
File by the due date for	Number street and room or suite number If a P O box see instructions				
fil ng your	601 North Ashley Drive #500				
return See Instructions	City town or post office. For a foreign address, see instructions			state ZIP code	
ii isa actionis	Tampa, FL 33602				
Check type o	I return to be filed (file a separate	application for each return)			
X Form 990	Form 990 Form 990 T (corporation) Form 473				
Form 990	Form 990 BL Form 990 T (Section 401(a) or 408(a) trust) Form 5227				
Form 990	Form 990 EZ Form 990 T (trust other than above) Form 6069				
Form 990	PF	Form 1041 A	Form 8	3870	
• If the org	anization does not have an office	or place of business in the United	States, check this box		-
• If this is f	or a Group Return, enter the orga	inization's four digit Group Exemp	tion Number (GEN)	If this is for the whole	group,
check this	s box ► Ilfit is for part of th	ie group, check this box 🕒 🗍	and attach a list with the names	and EINs of all memb	ers
	sion will cover				
1 I reques	st an automatic 3 month (6 month	, for 990-T corporation) extension	of time until 8/15	, 20 03 ,	
to file th	ne exempt organization return for	the organization named above. The	ne extension is for the organizal	tion's return for	
► X	calendar year 20 02 or	_	_		
▶ 🗇	tax year beginning	, 20 , and ending	, 20		
	ax year is for less than 12 months,		rn Final return	Change in accounting	period
3 a If this a	polication is for Form 990 BL 990	DE 990 T 4720 or 6060 aptor t	he tentative tax less any		•
3a 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
h If this o	pplication is for Form 990 PF or 99	Of Transport and refundable product	and estimated tay nauments m	nade	
	any prior year overpayment allow		and estimated tax payments in	\$	0
c Dalance	Due Subtract line 3b from line 3a	a lacked were navment with this	form or if required deposit uni-		
coupon	or if required, by using EFTPS (E	Electronic Federal Tax Payment S	ystem) See instructions	\$	0
		Signature and Verific			
Juder penalties o	f perjury I declare that I have examined this	return including accompanying schedules:	and statements, and to the best of my kni	owledge and belief it is tore	correct and
omplete and the	at I am authorized to prepare this form	acrossing	and the second of the second o	ga and solice is to duct	
	<i>(1)</i>		_	-1	1.
Signature 🟲	uley 2 Same	, Title ► Cf	⁹ A	Date ► 5/13	3/03
BAA For Pap	erwork Reduction Act Notice, see	··			8 (12 2000)

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