

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2005Open to Public
Inspection**A For the 2005 calendar year, or tax year beginning**, and ending**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C** Name of organization**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

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

184 N. PROSPECT AVENUE

Room/suite

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

ORANGE**CA 92869****D** Employer identification no.**33-0868915****E** Telephone number**714-628-0012****F** Accounting method ☒ Cash☐ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ 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 ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.BRIGHTENSCHOOL.ORG****J** Organization type(check only one) ☒ 501(c) (**3**) < (insert no) ☐ 4947(a)(1) or ☐ 527**K** 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **486,606****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue

1 Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**1a** **36,217****1b****1c****d** Total (add lines 1a through 1c) (cash \$ **36,217** noncash \$)**1d** **36,217****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **450,377****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****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **486,606**

Expenses

13 Program services (from line 44, column (B))**13** **376,847****14** Management and general (from line 44, column (C))**14** **98,055****15** Fundraising (from line 44, column (D))**15** **15,057****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 13 and 14, column (A))**17** **489,959**

Net Assets

18 Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-3,353****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **-55,397****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** **-58,750**

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2005)

DAA

22

Part II Statement of

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 the instructions.)

Functional ExpensesDo 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 75,966	33,425	34,944	7,597
26 Other salaries and wages	26 170,027	158,125	11,902	
27 Pension plan contributions	27			
28 Other employee benefits	28 4,865	3,357	1,265	243
29 Payroll taxes	29 23,915	16,501	6,218	1,196
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 8,502		8,502	
33 Supplies	33			
34 Telephone	34 1,473	736	737	
35 Postage and shipping	35 1,329	664	532	133
36 Occupancy	36 71,823	62,486	7,182	2,155
37 Equipment rental and maintenance	37 1,255		1,255	
38 Printing and publications	38			
39 Travel	39 2,396		2,396	
40 Conferences, conventions, and meetings	40			
41 Interest	41 4,123		4,123	
42 Depreciation, depletion, etc. (attach schedule)	42 5,974	5,974		
43 Other expenses not covered above (itemize) a SEE STATEMENT 1	43a 118,311	95,579	18,999	3,733
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 489,959	376,847	98,055	15,057

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 the instructions.)

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.

What is the organization's primary exempt purpose?

► EDUCATION OF CHILDREN

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 EDUCATED APPROXIMATELY 118 CHILDREN IN GRADES K-12

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

376,847**b**

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)**376,847**Form **990** (2005)

Part IV Balance Sheets (See 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
45	Cash-non-interest-bearing	335	45 517
46	Savings and temporary cash investments	1,978	46 762
47a	Accounts receivable		
b	Less allowance for doubtful accounts		47c
48a	Pledges receivable		
b	Less allowance for doubtful accounts		48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule) SEE WORKSHEET	5,221	50 9,522
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET		
b	Less allowance for doubtful accounts	13,901	51a 13,901
52	Inventories for sale or use		52
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		
b	Less accumulated depreciation (attach schedule)		55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment basis	41,025	
b	Less accumulated depreciation (attach schedule)		
57b		22,299	57c 18,726
58	Other assets (describe SEE STATEMENT 2)	13,360	58 35,000
59	Total assets (must equal line 74) Add lines 45 through 58	29,814	59 78,428
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) SEE WORKSHEET	8,841	63 8,841
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	76,370	64b 128,337
65	Other liabilities (describe)		65
66	Total liabilities. Add lines 60 through 65	85,211	66 137,178
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	-55,397	72 -58,750
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)	-55,397	73 -58,750
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	29,814	74 78,428

Part VI Other Information (continued)

		Yes	No
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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	85b		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	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		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	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		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and 501(c)(4) 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		21
91a	The books are in care of ROBIN ROSS 184 N. PROSPECT Located at ORANGE, CA		
	Telephone no 714-628-0012		
	ZIP + 4 92869		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?		
	91b		X
c	If "Yes," enter the name of the foreign country		
	91c		X
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		
	92		

Part VII Analysis of Income-Producing Activities (See 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 SEE STATEMENT 5					450,377
b					
c					
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			14	12	
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					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		12	450,377
105 Total (add line 104, columns (B), (D), and (E))					450,389

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 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)
1	SEE STATEMENT 6

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Patricia Adef</i> PATRICIA ADEFF, VICE PRESIDENT		Date 11-30-06	
Paid Preparer's Use Only	Preparer's signature <i>Peggy Howard</i> PEGGY HOWARD, EA	Date 11/16/06	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) P00061505
	Firm's name (or yours if self-employed), address, and ZIP + 4 2841 ALTURA AVENUE LA CRESCENTA, CA 91214	EIN		Phone no 818-248-2191

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005**Supplementary Information-(See separate instructions.)**▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

EDUCATION BASICS & BEYOND, INC. THE BRIGHTEN SCHOOL

Employer identification number

33-0868915**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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A 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 ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2005

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)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? SEE STATEMENT 7	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990 SEE STATEMENT 8	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
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24				▶	26a
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				▶	26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)				▶	26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				▶	26d
e Public support (line 26c minus line 26d total)				▶	26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▶	26f %
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					
(2004)	(2003)	(2002)	(2001)		N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, 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					
(2004)	(2003)	(2002)	(2001)		N/A
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				▶	27c
d Add Line 27a total _____ and line 27b total _____				▶	27d
e Public support (line 27c total minus line 27d total)				▶	27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				▶	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶	27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶	27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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)

	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?	X	
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?	X	
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) NEWSPAPER NOTICE PUBLISHED DESCRIBING NON-DISCRIMINATORY POLICY JANUARY 8, 2004. ADDITIONAL NOTICE TO BE PUBLISHED IN NOVEMBER 2006.	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
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?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?		X
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		X
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	X	

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36														
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37														
38 Total lobbying expenditures (add lines 36 and 37)	38														
39 Other exempt purpose expenditures	39														
40 Total exempt purpose expenditures (add lines 38 and 39)	40														
41 Lobbying nontaxable amount Enter the amount from the following table-															
<table style="width:100%; border: none;"> <tr> <td style="width:50%;">If the amount on line 40 is-</td> <td style="width:50%;">The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 40 is-	The lobbying nontaxable amount is-														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42 Grassroots nontaxable amount (enter 25% of line 41)	42														
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43														
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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****2005**

For calendar year 2005, or tax year beginning

, and ending

Name

**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

Employer Identification Number

33-0868915**FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION**

Name of borrower	Title
(1) CATHERINE ADEFF	EMPLOYEE
(2) CRYSTINA M. ADEFF	EMPLOYEE
(3) DANIE DONZE	EMPLOYEE
(4) PATRICIA ADEFF	VICE PRESIDENT
(5) ROBIN ROSS	TREASURER
(6) STEPHANIE ROSS	EMPLOYEE
(7) SUSAN DONZE	SECRETARY
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 142	VARIOUS		PAYROLL ADVANCE	
(2) 140	VARIOUS		PAYROLL ADVANCE	
(3) 140	VARIOUS		PAYROLL ADVANCE	
(4) 8,268	VARIOUS		PAYROLL ADVANCE	
(5) 539	VARIOUS		PAYROLL ADVANCE	
(6) 143	VARIOUS		PAYROLL ADVANCE	
(7) 351	VARIOUS		PAYROLL ADVANCE	
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(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)	140	142	
(2)	140	140	
(3)	140	140	
(4)	3,936	8,268	
(5)	374	539	
(6)	140	142	
(7)	351	151	
(8)			
(9)			
(10)			
Totals	5,221	9,522	

Forms
990 / 990-PF**Other Notes and Loans Receivable****2005**

For calendar year 2005, or tax year beginning

, and ending

Name

**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

Employer Identification Number

33-0868915**FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower

Relationship to disqualified person

(1) **VARIOUS EMPLOYEES**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Original amount
borrowed

Date of loan

Maturity
date

Repayment terms

Interest
rate(1) **18,498****VARIOUS****PAYROLL ADVANCES**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Security provided by borrower

Purpose of loan

(1)

(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) **8,920****13,901**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Totals**8,920****13,901**

Forms
990 / 990-PF**Loans from Officers, Directors, Trustees, and
Key Employees or Other Disqualified Persons****2005**

For calendar year 2005, or tax year beginning , and ending

Name

**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

Employer Identification Number

33-0868915**FORM 990, PART IV, LINE 63 - ADDITIONAL INFORMATION**

Name of lender	Title
(1) CATHY VINEY	PRESIDENT
(2) ROBIN ROSS	TREASURER
(3) SUE DONZE	SECRETARY
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 147	VARIOUS			
(2) 4,047	VARIOUS			
(3) 4,647	VARIOUS			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	CAPITAL CONTRIBUTION
(2)	CAPITAL CONTRIBUTION
(3)	CAPITAL CONTRIBUTION
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	147	147
(2)	4,047	4,047
(3)	4,647	4,647
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	8,841	8,841

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2005**

For calendar year 2005, or tax year beginning

, and ending

Name

**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

Employer Identification Number

33-0868915**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) RICHARD C. ROSS	MEMBER OF FAMILY OF OFFICER
(2) HAYDEN DONZE	MEMBER OF FAMILY OF OFFICER
(3) LOREN AND SUE DONZE	OFFICER AND KEY EMPLOYEE
(4) DANIELLE DONZE	MEMBER OF FAMILY OF OFFICER
(5) LARRY & NANCY MASTER	NONE
(6) LEE AND JANE EICHENBAUM	NONE
(7) V. HOBSON	NONE
(8) DEAN & KARLEEN DONZE	MEMBER OF FAMILY OF OFFICER
(9) UB & ASSOCIATES	MEMBER OF FAMILY OF OFFICER
(10) KELLY MCCARTY	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 10,000	7/09/05	7/09/07		10.000
(2) 2,000	7/11/05	7/11/07		10.000
(3) 19,000	7/11/05	7/11/07		10.000
(4) 4,000	7/11/07	7/11/09		10.000
(5) 2,000	7/09/07	7/09/09		10.000
(6) 5,000	7/11/07	7/11/09		10.000
(7) 5,000	7/07/05	7/07/07		10.000
(8) 10,000	7/07/05	7/07/07		10.000
(9) 2,500	7/07/05	7/07/07		10.000
(10) 55,000	3/18/04			

Security provided by borrower	Purpose of loan
(1)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(2)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(3)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(4)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(5)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(6)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(7)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(8)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(9)	FUNDS TO ACQUIRE NEW SCHOOL BUILDING
(10)	CASH FLOW

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		10,000
(2)		2,000
(3)		19,000
(4)		4,000
(5)		2,000
(6)		5,000
(7)		10,000
(8)		25,000
(9)		2,500
(10)	55,770	48,837
Totals	55,770	128,337

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2005**

For calendar year 2005, or tax year beginning

, and ending

Name

**EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL**

Employer Identification Number

33-0868915**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender

Relationship to disqualified person

(1) **MIKE MCCARTY****NONE**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Original amount
borrowed

Date of loan

Maturity
date

Repayment terms

Interest
rate(1) **9/12/05**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Security provided by borrower

Purpose of loan

(1) **CASH FLOW**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Consideration furnished by lender

Balance due at
beginning of yearBalance due at
end of year(1) **20,600**

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Totals 20,600

33-0868915

Federal Statements

FYE: 12/31/2005

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
AUTO EXPENSE	1,466	1,466		
BANK CHARGES	1,710		1,710	
BOOKS	1,309	1,309		
CLEANING & MAINTENANCE	3,317	1,658	1,659	
DUES & FEES	1,603		1,603	
FIELD TRIPS	2,687	2,687		
FUND RAISING	3,566			3,566
INSURANCE	6,922	6,922		
LICENSE FEES	31,606	31,606		
MATERIALS	6,833	6,833		
MOVING EXPENSE	5,887		5,887	
OFFICE EXPENSES	3,167		3,167	
PROMOTION	7,367	7,367		
REFERRAL FEES	104		104	
REPAIR & MAINTENANCE	6,623	3,311	3,312	
SCHOOL HOT LUNCHES	5,231	5,231		
SPECIAL INSTRUCTORS	8,994	8,994		
SPORTS EXPENSES	4,365	4,365		
TAX - PROPERTY	1,000		1,000	
TEMPORARY SERVICES	1,687	1,687		
TRAINING	7,297	7,297		
UTILITIES	5,570	4,846	557	167
TOTAL	\$ 118,311	\$ 95,579	\$ 18,999	\$ 3,733

33-0868915

Federal Statements

FYE: 12/31/2005

Statement 2 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$	\$ 35,000
TOTAL	\$ 0	\$ 35,000

Federal Statements

33-0868915

FYE: 12/31/2005

11/17/2006 10:38 AM

Statement 3 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
CATHY VINEY	ORANGE CA 92867	201 W. COLLINS #92 PRESIDENT	1	2,332	0	0
PATRICIA ADEFF	ANAHEIM HILLS CA 92807	6312 SANTA ANA CYN RD #283 VICE PRESIDE	40	25,252	0	0
SUSAN R. DONZE	ORANGE CA 92865	1548 E. SANTA ANA CANYON RD. SECRETARY	40	23,861	0	0
ROBIN M. ROSS	PLACENTIA CA 92870	322 MONTESSORI AVENUE CFO	40	24,522	0	0
FRED VOITENKO	SAN CLEMENTE CA 92672	141 PRINCESSA DIRECTOR	1	0	0	0
JOANNE VOITENKO	SAN CLEMENTE CA 92672	141 PRINCESSA DIRECTOR	1	0	0	0
RUSS GREGORY	ORANGE CA 92868	419 PARKER STREET DIRECTOR	1	0	0	0
LOREN DONZE	ORANGE CA 92865	1548 E SANTA ANA CANYON ROAD DIRECTOR	1	0	0	0
RICHARD ROSS	PLACENTIA CA 92870	332 MONTESSORI AVENUE DIRECTOR	1	0	0	0
HUGO CANTON	NEWPORT BEACH CA 92660	105 YORKTOWN DIRECTOR	1	0	0	0
BEVERLY CANTON	NEWPORT BEACH CA 92660	105 YORKTOWN DIRECTOR	1	0	0	0

Statement 4 - Form 990, Part V-A, Line 75b - Related Party Information

Name	Business Name	Business Name	Title	Title	Relationship	Name
FRED VOITENKO			DIRECTOR	DIRECTOR	JOANNE VOITENKO	
LOREN DONZE			DIRECTOR	DIRECTOR	HUSBAND AND WIFE	
RICHARD ROSS			OFFICER	OFFICER	SUSAN DONZE	
HUGO CANTON			DIRECTOR	DIRECTOR	HUSBAND & WIFE	
			OFFICER	OFFICER	ROBIN ROSS	
			DIRECTOR	DIRECTOR	HUSBAND & WIFE	
			DIRECTOR	DIRECTOR	BEVERLY CANTON	
					HUSBAND & WIFE	

33-0868915

Federal Statements

FYE: 12/31/2005

Statement 5 - Form 990, Part VII, Line 93 - Program Service Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
TUITION		\$		\$	\$ 420,182
BOOK SALES					1,525
STUDENT STORE SALES					1,122
MATERIALS REIMBURSEMENTS					1,005
SCHOOL LUNCHES					8,217
SPORTS FEES					15,901
YEAR BOOK SALES					1,200
PERFORMING ARTS FEES					1,225
TOTAL		\$ 0		\$ 0	\$ 450,377

Statement 6 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	TUITION RECEIVED FROM PARENTS FOR CHILDRENS' EDUCATION
93A	PAYMENTS FROM STUDENTS FOR SCHOOL BOOKS FOR EDUCATION
93A	PAYMENTS FROM STUDENTS FOR SCHOOL SUPPLIES
93A	PAYMENTS FROM STUDENTS FOR MATERIALS
93A	PAYMENTS FROM STUDENTS FOR SCHOOL LUNCHES
93A	PAYMENTS FROM STUDENTS FOR SPORTS ACTIVITIES
93A	PAYMENTS FROM STUDENTS FOR YEAR BOOK
93A	PAYMENTS FROM STUDENTS FOR PERFORMING ARTS PROGRAM

Statement 7 - Schedule A, Part III, Line 2b - Lending of Money or Extension of CreditDescription

SOME PAYROLL ADVANCES WERE MADE TO EMPLOYEES. THESE AMOUNTS ARE BEING PAID
BACK THROUGH PAYROLL DEDUCTIONS.

**Statement 8 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**Description

SALARIES PAID TO OFFICERS AS REPORTED ON 990

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

EDUCATION BASICS & BEYOND, INC.
THE BRIGHTEN SCHOOL

Identifying number
33-0868915

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 the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
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 instr	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 2004 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 2006 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) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	4,354
18	If you are electing 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 2005 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						
c 7-year property		11,340	7.0	HY	200DB	1,620
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 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 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	5,974
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** (2005) (Rev. 1-2006)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

POSTMARK DATE
AUG 2 1 2006

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

Type or print	Name of Exempt Organization EDUCATION BASICS & BEYOND, INC. THE BRIGHTEN SCHOOL	Employer identification number 33-0868915
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions 184 N. PROSPECT AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORANGE CA 92869	

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

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ROBIN ROSS**
Telephone No **714-628-0012** FAX No ☐
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 **11/15/06**

5 For calendar year **2005**, 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  Title **PEGGY HOWARD, EA** Date **8/14/06**

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 to file. Use any refundable credits 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 extended due date of the return for which an extension was requested
☐ Other

Director _____ By _____ Date _____

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

Type or print	Name PEGGY HOWARD, EA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2841 ALTURA AVENUE
	City or town, province or state, and country (including postal or ZIP code) LA CRESCENTA CA 91214