

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
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , **and ending**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
MOJAVE ACADEMY, INC
 Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 919
 City or town, state or country, and ZIP + 4
DATIL NM 87821

D Employer identification number
33-0891385

E Telephone number
505-772-5283

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

G Website: ▶ **WWW.MOJAVEACADEMY.COM**

J Organization type
 (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

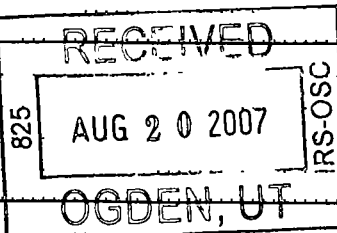
K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **403,057**

H and 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 instructions.)
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).

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	13	Program services (from line 44, column (B))	18	Excess or (deficit) for the year. Subtract line 17 from line 12
a	Contributions to donor advised funds	14	Management and general (from line 44, column (C))	19	Net assets or fund balances at beginning of year (from line 73, column (A))
b	Direct public support (not included on line 1a)	15	Fundraising (from line 44, column (D))	20	Other changes in net assets or fund balances (attach explanation)
c	Indirect public support (not included on line 1a)	16	Payments to affiliates (attach schedule)	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20
d	Government contributions (grants) (not included on line 1a)	17	Total expenses. Add lines 16 and 44, column (A)		
e	Total (add lines 1a through 1d) (cash \$ 2,139 noncash \$)				
2	Program service revenue including government fees and contracts (from Part VII, line 93)				
3	Membership dues and assessments				
4	Interest on savings and temporary cash investments				
5	Dividends and interest from securities				
6a	Gross rents				
b	Less: rental expenses				
c	Net rental income or (loss). Subtract line 6b from line 6a				
7	Other investment income (describe ▶)				
8a	Gross amount from sales of assets other than inventory				
b	Less: cost or other basis and sales expenses				
c	Gain or (loss) (attach schedule)				
d	Net gain or (loss). Combine line 8c, columns (A) and (B)				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)				
b	Less: direct expenses other than fundraising expenses				
c	Net income or (loss) from special events. Subtract line 9b from line 9a				
10a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				
11	Other revenue (from Part VII, line 103)				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				



7P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 1	25a	33,293	12,131	21,162	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	52,603	42,296	10,307	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	6,788	4,264	2,524	
30 Professional fundraising fees	30				
31 Accounting fees	31	1,491		1,491	
32 Legal fees	32	811		811	
33 Supplies	33	10,431	8,551	1,880	
34 Telephone	34	9,343	7,474	1,869	
35 Postage and shipping	35	1,689	1,689		
36 Occupancy	36	50,240	45,745	4,495	
37 Equipment rental and maintenance	37	6,543	6,543		
38 Printing and publications	38	56,665	56,665		
39 Travel	39	20,540	20,540		
40 Conferences, conventions, and meetings	40				
41 Interest	41	8,544	8,544		
42 Depreciation, depletion, etc. (attach schedule)	42	43,169	43,169		
43 Other expenses not covered above (itemize): a SEE STATEMENT 2	43a	98,363	86,514	10,919	930
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	400,513	344,125	55,458	930

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**

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) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 3

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

344,125

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)

344,125

Form **990** (2006)

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
Assets	45 Cash-non-interest-bearing	159,900	45	137,952
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	58,606		
	b Less: allowance for doubtful accounts		47c	58,606
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	Cost FMV	54a	
	b Investments—other securities (attach schedule)	Cost FMV	54b	
	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	1,442,085		
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	299,265	1,185,282	57c	1,142,820
58 Other assets, including program-related investments (describe ► SEE STATEMENT 5)		700	58	700
59 Total assets (must equal line 74). Add lines 45 through 58		1,360,162	59	1,340,078
Liabilities	60 Accounts payable and accrued expenses	1,070	60	3,475
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET	459,082	64b	436,051
	65 Other liabilities (describe ► SEE STATEMENT 6)	68,800	65	66,798
66 Total liabilities. Add lines 60 through 65	528,952	66	506,324	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	831,010	67	833,754
	68 Temporarily restricted	200	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	831,210	73	833,754
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,360,162	74	1,340,078

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) **N/A**

- a** Total revenue, gains, and other support per audited financial statements
- b** Amounts included on line **a** but not on Part I, line 12:
- 1** Net unrealized gains on investments
 - 2** Donated services and use of facilities
 - 3** Recoveries of prior year grants
 - 4** Other (specify):

b1	
b2	
b3	
b4	

Add lines **b1** through **b4**

- c** Subtract line **b** from line **a**
- d** Amounts included on Part I, line 12, but not on line **a**:
- 1** Investment expenses not included on Part I, line 6b
 - 2** Other (specify):

d1	
d2	

Add lines **d1** and **d2**

- e** **Total revenue** (Part I, line 12). Add lines **c** and **d**

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return **N/A**

- a** Total expenses and losses per audited financial statements
- b** Amounts included on line **a** but not on Part I, line 17:
- 1** Donated services and use of facilities
 - 2** Prior year adjustments reported on Part I, line 20
 - 3** Losses reported on Part I, line 20
 - 4** Other (specify):

b1	
b2	
b3	
b4	

Add lines **b1** through **b4**

- c** Subtract line **b** from line **a**
- d** Amounts included on Part I, line 17, but not on line **a**:
- 1** Investment expenses not included on Part I, line 6b
 - 2** Other (specify):

d1	
d2	

Add lines **d1** and **d2**

- e** **Total expenses** (Part I, line 17). Add lines **c** and **d**

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)


(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHARLES PRENNER	SOUTHBORO, MA	VICE PRES			
32 FRAMINGHAM RD	01772	0	0	0	0
CHERI HALL	DATIL NM	PRES/TREAS			
PO BOX 919	87821	0	20,218	0	0
JOHN VASKO	ALBUQUERQUE, NM	DIRECTOR			
9125 COPPER AVE #411	87123	0	0	0	0
KENDRA COPELAN	DATIL, NM	DIRECTOR			
PO BOX 38	87821	0	13,075	0	0
JOAN VASKO	ALBUQUERQUE, NM	DIRECTOR			
10509 GRIFFITH PARK DR	87123	0	0	0	0
JOKE REEDER	MARBLE FALL, TX	DIRECTOR			
PO BOX 1385	78654	0	0	0	0
JOANNE CALI	SOUTHBORO, MA	SECTY			
32 FRAMINGHAM RD	01772	0	0	0	0

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	
83b			
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?		
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		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
85c			
85d			
85e			
85f			
85g			
85h			
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
86a			
86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a			
87b			
88a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88a			
88b			
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
89b			
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		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89c			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89d			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89e			
89f			
89g			
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
90b			5
91a	The books are in care of MOJAVE ACADEMY		
	Located at DATIL, NM,		
	ZIP + 4 800-576-3866		
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		
91b			

Part VI Other Information (continued)

	Yes	No
91c		X

- c** At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country 

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Program service revenue:		Business code	Amount	Exclusion code	Amount	exempt function income
93	a TUITION, BOARD, & SEMINAR FEES					374,911
	b COMMISSIONS					1,651
	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					27
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 ROOM AND BOARD					24,329
	c					
	d					
	e					
104	Subtotal (add columns (B), (D), and (E))		0		0	400,918
105	Total (add line 104, columns (B), (D), and (E))					400,918

Note: Line 105 plus line 1e, 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).
93A	PROGRAM SERVICE REVENUE IS PAYMENT FOR TUITION AND MATERIALS FOR EDUCATING THE STUDENTS.

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 | <input checked="checked" type="checkbox"/> | No |
| (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | Yes | <input checked="checked" type="checkbox"/> | No |

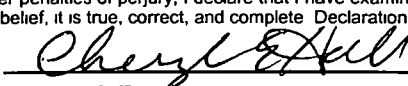
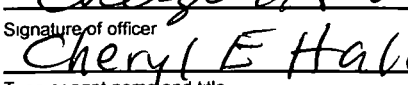
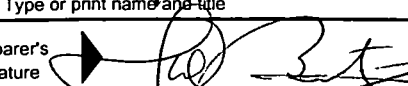
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					X
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals						

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals						

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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		15 Aug 07 Date	
Paid Preparer's Use Only	 Type or print name and title		President	
	Preparer's signature	 Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GREENBERG AND JACKSON CPAS 2441 HONOLULU AVENUE SUITE 120 MONTROSE, CA 91020-1864		EIN 95-3387333 Phone no 818-249-3230	Preparer's SSN or PTIN (See Gen Instr X) 384-46-4498

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

2006**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

MOJAVE ACADEMY, INC

Employer identification number

33-0891385**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 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) 2006

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?

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 7**

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ► _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____

0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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				
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines	18	19			
	22	26b			
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
(2005)	(2004)	(2003)	(2002)	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:					
(2005)	(2004)	(2003)	(2002)	N/A	
c Add: Amounts from column (e) for lines:	15	16			
	17	20	21		
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 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?
- 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?
- 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.)

ADVERTISEMENTS SET FORTH THE NONDISCRIMINATION POLICY

- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

- 34a** Does the organization receive any financial aid or assistance from a governmental agency?

- 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

- 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

	Yes	No
29	X	
30	X	
31	X	
32a	X	
32b	X	
32c	X	
32d	X	
33a		X
33b		X
33c		X
33d		X
33e		X
33f		X
33g		X
33h		X
34a		X
34b		X
35	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
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 border="0"> <tr> <td>If the amount on line 40 is-</td> <td>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	41	
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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.) **N/A**

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

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

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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2006
For calendar year 2006, or tax year beginning , and ending		
Name MOJAVE ACADEMY, INC		Employer Identification Number 33-0891385

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) CHUCK PRENNER	
(2) CHUCK PRENNER	
(3) JEFF & JACKIE COLSON	
(4) BANK OF AMERICA	
(5) WELLS FARGO	
(6) BANK OF AMERICA - WILDWOOD	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 5,000	6/14/02		WHEN FUNDS ARE AVAIL.	
(2) 6,000	5/15/03		WHEN FUNDS ARE AVAILABLE	
(3) 8,700	11/25/04		WHEN FUNDS ARE AVAILABLE	
(4) 336,797	10/01/04	9/30/19	\$3,104.14/MONTH	7.253
(5) 54,000	3/31/04		INTEREST ONLY	11.000
(6) 117,307	1/02/04	1/01/19	\$1,138/MONTH	7.751
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	BUILDING LOAN ADDITIONAL 6000. IN 04
(2)	CLASSROOM WELL
(3)	TO MEET CASH NEEDS OF SCHOOL
(4)	REFINANCE BALLON LOANS
(5)	PAY-OFF BALLON LOAN
(6)	PAYOFF BALLOON LOAN
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	5,000	5,000
(2)	6,000	6,000
(3)	8,250	7,500
(4)	325,795	310,112
(5)	1,474	
(6)	112,563	107,439
(7)		
(8)		
(9)		
(10)		
Totals	459,082	436,051

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2006Attachment
Sequence No **67**

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

Name(s) shown on return

MOJAVE ACADEMY, INC

Identifying number

33-0891385

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	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	707
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	108,000

6	(a) Description of property FURNITURE & FIXTURES	(b) Cost (business use only) 707	(c) Elected cost 707
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	707
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	707
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	707

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 qualified New York Liberty or Gulf Opportunity 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	6,938

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 2006	17	34,832
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 2006 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						
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 2006 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	41,770
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** (2006)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25			
26 Property used more than 50% in a qualified business use												
		%										
		%										
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29		

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)	(b)	(c)	(d)	(e)	(f)
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					692
					692

Federal Statements

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
CHERYL HALL COMPENSATION	12,131	8,087	
KENDRA COPELAND COMPENSATION		13,075	
TOTAL	<u>\$ 12,131</u>	<u>\$ 21,162</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
INDEPENDENT CONTRACTORS	8,896	7,966		930
BANK CHARGES	150		150	
MERCHANT FEES	3,071	3,071		
ANIMAL FEED	6,149	6,149		
CLASS ROOM SUPPLIES	7,725	7,725		
FIELD TRIPS	3,116	3,116		
STUDENT / TEACHER FOOD	39,181	39,181		
SEMINARS & TRAINING	1,341	1,341		
INSURANCE	9,898		9,898	
LICENSES & FEES	10,584	10,584		
RENTS	1,980	1,980		
BUSINESS GIFTS	75		75	
WORKSTUDY EXPENSES	2,094	2,094		
PURCHASES	1,007	1,007		
BOND EXPENSE	197		197	
MISC	299		299	
PROPERTY TAXES	573	573		
MOVING EXPENSE	525	525		
INTERNET	1,502	1,202	300	
TOTAL	\$ 98,363	\$ 86,514	\$ 10,919	\$ 930

Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

THE SCHOOL HAS ON AVERAGE 30 STUDENTS FOR THE SUMMER TERM AND AN AVERAGE 15 STUDENTS FOR THE DURATION OF THE YEAR.

WE DELIVER THREE PROGRAMS - AN INITIAL PROGRAM CALLED LIFE BASICS, WHERE CHILDREN ARE TAUGHT MORALS AND LIVING SKILLS. OUR SECOND PROGRAM IS CALLED EDUCATIONAL REPAIR. WE COMPLETELY HANDLE A STUDENT'S PAST FAILURES IN HIS EDUCATION. THE STUDENT IS TAUGHT TO BE AN INDEPENDENT STUDENT WITH FULL STUDY AND RESEARCH SKILLS. IN THE THIRD PROGRAM, ACADEMICS, STUDENTS ARE CONSULTED ABOUT THEIR GOALS IN LIFE. THE STUDENTS ARE GIVEN TAILORED PROGRAMS DESIGNED TO HELP THEM ACHIEVE THOSE GOALS. WE HAD MANY SUCCESSFUL GRADUATES AND SATISFIED PARENTS THIS YEAR. WE RAN A VERY ENJOYABLE AND ADVENTURE FILLED SUMMER PROGRAM IN JULY AND AUGUST. THE SUMMER PROGRAM INCLUDED A TRIP TO THE GRAND CANYON AND WHITE-WATER RAFTING.

Federal Statements**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 1,441,378	\$ 256,096	\$ 926,277	\$ 299,265
TOTAL	<u>\$ 1,441,378</u>	<u>\$ 256,096</u>	<u>\$ 926,277</u>	<u>\$ 299,265</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EMPLOYEE LOANS	\$ 700	\$ 700
TOTAL	<u>\$ 700</u>	<u>\$ 700</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADVANCE PAYMENTS ON LAND	\$ 60,000	\$ 60,000
PAYROLL TAXES & SALARY	8,800	6,798
TOTAL	<u>\$ 68,800</u>	<u>\$ 66,798</u>

Federal Statements**Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**Description

TWO BOARD MEMBERS WERE PAID COMPENSATION.

Federal Statements

Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

Description

ADVERTISEMENTS SET FORTH THE NONDISCRIMINATION POLICY

33-0891385

Federal Asset Report

FYE: 12/31/2006

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
73	FURNITURE & FIXTURES	7/01/06	707		X		N/A	7 HY 200DB	0	707
			707				N/A		0	707
7-year GDS Property:										
73	FURNITURE & FIXTURES	7/01/06	N/A*		X		0	7 HY 200DB	0	0
			0				0		0	0
Prior MACRS:										
1	COMPUTER	6/15/00	1,600				1,600	5 HY 200DB	1,600	0
7	TRUCK	6/15/00	1,500				1,500	5 HY 200DB	1,500	0
8	SNOW PLOW	6/01/00	2,456				2,456	7 HY 200DB	2,127	219
9	TENTS	5/31/01	1,573				1,573	7 HY 200DB	1,222	140
10	KITCHEN EQUIP	7/31/01	2,000				2,000	7 HY 200DB	1,554	178
11	COMPUTER	7/31/01	1,500				1,500	7 HY 200DB	1,165	134
12	WASHER	8/03/01	319				319	7 HY 200DB	248	28
13	TENTS	9/01/01	1,398				1,398	7 HY 200DB	1,086	125
14	WASHER	9/10/01	375				375	7 HY 200DB	292	33
15	SHED	9/10/01	209				209	7 HY 200DB	162	19
16	PRINTER	9/10/01	110				110	7 HY 200DB	86	9
17	DRYER	9/10/01	259				259	7 HY 200DB	201	23
18	BUILDING IMPROVEMENTS	11/16/01	44,768				44,768	39 MMS/L	4,735	1,148
19	TRAILER	4/28/01	11,040				11,040	39 MMS/L	1,333	283
20	TRAILER	5/04/01	11,250				11,250	39 MMS/L	1,334	289
21	TRAILER	5/11/01	3,750				3,750	27 MMS/L	631	136
22	DORM ROOMS	5/25/01	75,000				75,000	27 MMS/L	12,614	2,727
23	DORM UNITS	5/31/01	82,927				82,927	27 MMS/L	13,947	3,015
24	DORM UNITS	8/31/01	80,109				80,109	27 MMS/L	12,745	2,913
25	WATER TRANSPORT, WELLS, SEPTIC	6/15/01	148,044				148,044	10 HY 200DB	93,469	10,915
28	FORD 1991	7/31/01	3,500				3,500	5 HY 200DB	3,298	202
29	FORD 1993	7/31/01	3,000				3,000	5 HY 200DB	2,827	173
30	FORD 1971	7/31/01	2,500				2,500	5 HY 200DB	2,356	144
32	KITCHEN OVEN	7/02/02	1,500			X	1,050	7 HY 200DB	1,172	94
33	DRYER - KIDS BUILDING	1/26/02	180			X	126	7 HY 200DB	141	11
34	TRAILER DOUBLE WIDE	6/12/02	5,043				5,043	27 MMS/L	650	183
35	DORM	3/29/02	2,838				2,838	27 MMS/L	391	104
36	WELL HOUSE	9/15/02	22,813				22,813	39 MMS/L	1,925	585
37	SKATE PARK	6/14/02	4,800			X	3,360	15 HY 150DB	2,473	233
38	KITCHEN	8/25/02	7,419				7,419	39 MMS/L	642	190
39	CLASSROOM	10/18/02	325				325	39 MMS/L	27	8
45	DOUBLE WIDE - CHURCH ON THE ROCK	5/02/02	12,000				12,000	39 MMS/L	1,115	308
46	DOUBLE WIDE	12/10/02	2,693				2,693	39 MMS/L	210	69
47	TRAILER PAD	5/02/02	3,794				3,794	27 MMS/L	500	138
48	SKATE PARK	6/08/02	500			X	350	15 HY 150DB	258	24
49	CLASSROOM	1/01/03	30,925				30,925	39 MMS/L	2,346	793
50	MOBILE BUILDING - WILDWOOD	8/15/03	72,000				72,000	39 MMS/L	4,385	1,846
51	WORKSHED - WILDWOOD	8/15/03	28,000				28,000	39 MMS/L	1,705	718
52	LAND IMP FENCE, SHEDS WILDWOOD	8/15/03	25,000			X	12,500	15 HY 150DB	15,381	962
53	DORM IMPROVEMENTS - JEFF	12/21/03	897			X	449	7 HY 200DB	701	56
54	FORD AEROSTAR WHITE	8/15/03	3,000			X	1,500	5 HY 200DB	2,568	173
55	TRUCK TRAILER	5/27/03	1,000			X	500	5 HY 200DB	856	58
56	LAND IMPROVEMENTS	7/17/03	16,703			X	8,352	15 HY 150DB	10,276	643
57	BUILDINGS - WILDWOOD	8/15/03	42,000				42,000	39 MMS/L	2,558	1,077
58	FURNITURE - BUNK BEDS	5/09/03	2,678			X	1,339	7 HY 200DB	2,092	168
59	COMPUTER EQUIP	12/16/03	1,539			X	769	5 HY 200DB	1,317	89
60	FIRE SYSTEM	2/03/03	2,492			X	1,744	7 HY 200DB	1,729	218
61	TRAILER - CHURCH ON ROCK	9/09/03	5,025				5,025	39 MMS/L	295	129
62	water line	8/20/04	15,434			X	7,717	20 HY 150DB	8,563	516
63	BASKETBALL HOOP	3/05/04	600			X	300	7 HY 200DB	416	53
64	FIREPLACE	11/23/04	751			X	376	7 HY 200DB	521	66
65	WASHER / DRYER	12/10/04	370			X	185	7 HY 200DB	257	32
66	HOT BUFFETT	12/31/04	1,680			X	840	7 HY 200DB	1,165	147
67	COMPUTER - NOTEBOOKS	12/31/04	400			X	200	5 HY 200DB	304	38
68	DINING HALL - UPGRADE	7/31/04	6,251				6,251	39 MMS/L	234	160
69	EQUIPMENT	12/04/04	174			X	87	7 HY 200DB	121	15
71	Furniture & Equipment	7/01/05	4,994				4,994	7 HY 200DB	713	1,223

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

33-0891385

Federal Asset Report

FYE: 12/31/2006

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Building improvements	7/01/05	33,241				33,241	39 MM S/L	391	852
			<u>838,246</u>				<u>800,292</u>		<u>228,930</u>	<u>34,832</u>
Other Depreciation:										
4	LAND	6/15/00	485,500				485,500	0 -- Land	0	0
5	LAND IMPROVEMENTS	6/15/00	28,406				28,406	0 -- Land	0	0
40	WELL	7/03/02	66,807				66,807	10 MO S/L	23,382	6,681
41	STALLS	10/14/02	682				682	10 MO S/L	222	68
42	ROAD GRADING	11/01/02	9,450				9,450	50 MO S/L	599	189
70	Land improvements	7/01/05	1,902				1,902	0 -- Land	0	0
	Total Other Depreciation		<u>592,747</u>				<u>592,747</u>		<u>24,203</u>	<u>6,938</u>
	Total ACRS and Other Depreciation		<u>592,747</u>				<u>592,747</u>		<u>24,203</u>	<u>6,938</u>
Amortization:										
27	MAILING LIST	1/01/01	1,650				1,650	15 MOAmort	550	110
31	GOODWILL	7/01/01	5,000				5,000	15 MOAmort	1,500	333
44	LOAN FEES	5/02/02	3,735				3,735	15 MOAmort	913	249
			<u>10,385</u>				<u>10,385</u>		<u>2,963</u>	<u>692</u>
	Grand Totals		1,442,085				1,403,424		256,096	43,169
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,442,085</u>				<u>1,403,424</u>		<u>256,096</u>	<u>43,169</u>