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

2006

Open to Public Inspection

OMB No 1545-0047

A	For th	2006 calendar year, or tax year beginning	, and	ending				
В	٦ .	applicable use IRS C Name of organization						Employer identification number 95–4723204
Ē	Name o	print or SHUTTLEWORTH LE						Telephone number
Γ	Initial re	type. Number and street (or PO box if m			ss)	Room/suite		323-660-8732
F	<u> </u>	Specific 1334 L. RON HOE		AY		1		Accounting method: X Cash
<u> </u>	j Final re ⊓	Instruc-			,		<u>,</u>	Accrual Other (specify)
느	Amende	d return tions. LOS ANGELES		A 90027	1			<del></del>
L	Applica	<ul> <li>Section 501(c)(3) organizations and 4947( trusts must attach a completed Schedule</li> </ul>				ot applicable to sect s a group return for		
G	Websi	e: > SHUTTLEWORTHLEADERSHIPSOCIET	YINTERNAT	ri	H(b) If "Ye	s," enter number of	f affiliate	es • _
J	Organ	zation type	_		H(c) Are a	ll affiliates included	?	Yes No
	(check	only one) ► X 501(c) ( 3 ) <b>(</b> insert no )	4947(a)(1)	or 527	(If "No	,* attach a list. See insti	ructions )	
к	Check h	ere Inf the organization is not a 509(a)(3) supporting or	rganization and	its gross	H(d) Is the	s a separate retum	filed by	
		are normally not more than \$25,000 A return is not required, but			orgar	ization covered by	a group	ruling? Yes X No
		return, be sure to file a complete return				p Exemption Nu		
_				005 000	E .	_		nization is not required
느		receipts: Add lines 6b, 8b, 9b, and 10b to line 12		295,233				990-EZ, or 990-PF)
_	Part I	Revenue, Expenses, and Changes in N		or Fund Bai	ances (S	ee the instruc	Ctions	5.}
	1	Contributions, gifts, grants, and similar amounts received	a.	1	4. 1			
	a .	Contributions to donor advised funds		-	1a	<del></del>	┨	
	b	Direct public support (not included on line 1a)		-	1b	<del> </del>	-[	
20	C	Indirect public support (not included on line 1a)	10)		1c		┪	
2002		d Government contributions (grants) (not included on line 1a)  e Total (add lines 1a through 1d) (cash \$ noncash \$ )						0
Les Gal	e	Total (add lines 1a through 1d) (cash \$	1e 2	295,233				
	2	Program service revenue including government fees and		3	233/233			
9	3	Membership dues and assessments Interest on savings and temporary cash investments					4	
AUG	5	Dividends and interest from securities					5	
	6a	Gross rents		ı	6a		Ť	
SCANNED	b	Less: rental expenses		-	6b		7	
Z	c	Net rental income or (loss) Subtract line 6b from line 6a	1	-			6c	
	7	Other investment income (describe					7	
S S	8a	Gross amount from sales of assets other	(A) Se	cunties		B) Other		
( <b>(</b> ( <b>(</b> ())		than inventory			8a		7	
à	₹   ь	Less cost or other basis and sales expenses			8b		]	
	С	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 an	nount is from g	gaming, check	here ▶ 📗			
	a	Gross revenue (not including \$	of				ĺ	
		contributions reported on line 1b)		L	9a		_[	
	b	Less direct expenses other than fundraising expenses		L	9b		4	
	С	Net income or (loss) from special events. Subtract line 9	b from line 9a		1		<u>9c</u>	
	10a	Gross sales of inventory, less returns and allowances		<u> </u>	10a		4	
	b	Less cost of goods sold		_	10b		4	
	С	Gross profit or (loss) from sales of inventory (attach school	edule) Subtrac	ct line 10b from	line 10a		10c	
	11	Other revenue (from Part VII, line 103)					11	
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11	DE AG	11.766	<del></del>	12	
	,   13	Program services (from line 44, column (B))	<b>,</b>	RECE	IVED	- 1	13	
ě	14	Management and general (from line 44, column (C))	_			ပ္ကု	14	F 000
0 0 0 0	15	Fundraising (from line 44, column (D))	9	JUL 3	<b>8 2007</b>	38-08 8-08	15	
ů		Payments to affiliates (attach schedule)	"			ģ	16	201 005
-	17	Total expenses. Add lines 16 and 44, column (A)		ORINI	1 152	<u> </u>	17	C 740
9	18	Excess or (deficit) for the year Subtract line 17 from line	<u> </u>	UGUE	w, Ų (	_ #	18 19	40 200
Š	19	Net assets or fund balances at beginning of year (from li		SEE	י כייאיים	MENT 1	20	1 000
Not Accept	20	Other changes in net assets or fund balances (attach ex Net assets or fund balances at end of year Combine line			. JIAIE		21	40 100
F	or Privac	Act and Paperwork Reduction Act Notice, see the se		<u> </u>				Form <b>990</b> (2006)
ın	struction VA	s.						300 (2000)

SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Form 990 (2006)

			olumns (B), (C), and (D of charitable trusts but	) are required for section optional for others (See	
Functional Expenses •	T Section	1 4547 (a)(1) Horiexem			
Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.	+			and gamera	
22a Grants paid from donor advised funds (attach schedule) (cash \$			Į		
(cash \$)  If this amount includes foreign grants, check here	22a		[		
	220				
22b Other grants and allocations (attach schedule)  (cash \$ non-cash \$ )			Į.		
(cash \$)  If this amount includes foreign grants, check here	22b		Į.		
23 Specific assistance to individuals (attach	220				
schedule)	23				
24 Benefits paid to or for members (attach	1				
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc listed in Part V-A (attach	1				
schedule) SEE STATEMENT 2	25a	80,575	26,575	54,000	
b Compensation of former officers, directors,	1-00				
key employees, etc listed in Part V-B (attach	1				
schedule)	25b				
c Compensation and other distributions, not included above, to					
disqualified persons (as defined under section 4958(f)(1)) and	1				
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	75,718	75,718		
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	18,053	8,746	9,307	
30 Professional fundraising fees	30				
31 Accounting fees	31	765		765	
32 Legal fees	32				
33 Supplies	33	19,062	19,062		
34 Telephone	34	3,820	2,902	918	
35 Postage and shipping	35	2,024	2,024		
36 Occupancy	36	19,901	19,901		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	7,447	7,447		
43 Other expenses not covered above (itemize):	1				<b>5</b> 000
a SEE STATEMENT 3	43a	74,610	65,166	4,151	5,293
b	43b				
С	43c				
d	43d				<del> </del>
е	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing					
columns (B)-(D), carry these totals to lines	1	201 075	207 544	60 141	5,293
13-15)	44	301,975	227,541	69,141	5,293
Joint Costs. Check ▶ ☐ If you are following SOP 98-2	£		- (D) Dr		Yes X No
Are any joint costs from a combined educational campaign and					· L res 🕰 NO
			t allocated to Program ser		· ·
(iii) the amount allocated to Management and general \$		, and (iv) the amoun	t allocated to Fundraising	Ψ	Form 990 (2006)

### 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.

oro	grams and accomplishmer	nts				
Nh ►	at is the organization's prin	mary exempt purpose?				Program Service Expenses
				clear and concise manner. State the number		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
				e not measurable (Section 501(c)(3) and (4)		trusts, but optional for
org				er the amount of grants and allocations to others )		others )
а				CED LITERATE AND COMPETENT CHILDREN ATTEND THE SCHOOL.		
					_	
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here	<b>▶</b> _	227,541
b						
					•	
	(Grants and allocations	\$	1	If this amount includes foreign grants, check here	▶ □	
С	Coramo and anocations			wano amount molacos totolgr granto, enout nove	<u>`_</u>	
•						
					. $\square$	,
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here		-
d						
				•		
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here	ightharpoons	
e	Other program services (					
-	(Grants and allocations	\$	}	If this amount includes foreign grants, check here	▶ [	-
f		ce Expenses (should equal li	ne 44, columr		<b></b>	227,541
•						Form <b>990</b> (2006)

Form 990 (2006) SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204

Part IV Balance Sheets (See the instructions.)

	alt IV	Palance Sheets (See the Instructions.)			<del></del>			
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the de	escription	(A) Beginning of year		(B) End of year	
	45	Cash-non-interest-bearing			565	45	511	
	46	Savings and temporary cash investments				46		
	47a	Accounts receivable	47a					
	b	Less allowance for doubtful accounts	47b			47c		
	48a	Pledges receivable	48a					
	b	Less: allowance for doubtful accounts	48b			48c		
	49	Grants receivable				49		
	50a	Receivables from current and former officers, directors,	trustee	s, and				
	_	key employees (attach schedule)				50a	<del></del>	
	D	Receivables from other disqualified persons (as defined		section 4958(f)(1)) and				
	510	persons described in section 4958(c)(3)(B) (att schedul	e)	<u></u>		50b		
	Jia	Other notes and loans receivable (attach schedule)	51a					
ets	ь	Less: allowance for doubtful accounts	51b			51c		
Assets	52	Inventories for sale or use	0.0			52		
	53	Prepaid expenses and deferred charges		ľ		53	<del> </del>	
	54a	Investments—publicly-traded securities		Cost FMV		54a		
	b	Investments—other securities (attach schedule)		Cost FMV		54b		
	55a	Investments-land, buildings, and						
		equipment. basis	55a					
	b	Less accumulated depreciation (attach	]					
		schedule)	55b			55c		
	56	Investments-other (attach schedule)		400 500		56		
	57a	Land, buildings, and equipment: basis	57a	100,603				
	b	Less. accumulated depreciation (attach schedule) SEE STATEMENT 4	l	60,931	47 242		20 672	
ļ			57b	60,931	47,242	57c	39,672	
	58	Other assets, including program-related investments (describe <b>SEE STATEMENT</b> 5	500	58				
	59	Total assets (must equal line 74) Add lines 45 through	48,307	59	40,183			
	60	Accounts payable and accrued expenses		60	10/200			
	61	Grants payable		ŀ	<del></del>	61	<del></del>	
	62	Deferred revenue				62		
စ္	63	Loans from officers, directors, trustees, and key employe	ees (at	ach				
litie		schedule)				63		
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)				64a		
ا ر	b	Mortgages and other notes payable (attach schedule)		Ļ		64b		
	65	Other liabilities (describe		)		65		
							•	
—	66	Total liabilities. Add lines 60 through 65		· · · · · · · · · · · · · · · · · · ·	0	66	0	
	Orga	,	nd com	plete lines				
,,	67	67 through 69 and lines 73 and 74			48,307	67	40,183	
ğ	68	Unrestricted Temporarily restricted		<b> </b>	40,307	68	40,103	
alar	69	Permanently restricted		ŀ		69		
B		nizations that do not follow SFAS 117, check here	· 🗆 :	and		- 55		
Š	· . 54	complete lines 70 through 74.	<u> </u>	3.1.0		ĺ		
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	1		70			
ets	71	Paid-in or capital surplus, or land, building, and equipme		71				
Ass	72		etained earnings, endowment, accumulated income, or other funds					
<u></u>	73	Total net assets or fund balances (add lines 67 through	gh 69 <b>o</b>	rlines				
-		70 through 72 (Column (A) must equal line 19 and colu	mn (B)	must				
}		equal line 21)		Ĺ	48,307		40,183	
	74	Total liabilities and net assets/fund balances. Add lin	es 66 a	ind 73	48,307	74	40,183	

		DERSHIP SOCIETI						Page 5
Pa	Reconciliation of Revenue instructions.)	e per Audited Financial S	Statem	ents With I	Revenue per R	eturn	(See the	
а	Total revenue, gains, and other support per audit	ed financial statements				а		
b	Amounts included on line a but not on Part I, line	12:			•••••			
1	Net unrealized gains on investments			b1		1 1		
2	Donated services and use of facilities		` ''	b2		] ]		
3	Recovenes of prior year grants		· · ·	b3		1 1		
4	Other (specify):		··			1		
				b4		ii		
	Add lines <b>b1</b> through <b>b4</b>					ь		
С	Subtract line b from line a	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		c		
d	Amounts included on Part I, line 12, but not on line		• • • • •					
٠,	Investment expenses not included on Part I, line 6		I	d1				
3			· •	<u> </u>	<del></del>	1		
2	Other (specify)		•	40		1		
	A	• • • • • • •		_d2		<del>  </del>		
	Add lines d1 and d2		· · · · · ·			d		<del></del> -
<u> </u>	Total revenue (Part I, line 12). Add lines c and d		04-4	1 10/24	<u> </u>	e	31/3	
	rt IV-B Reconciliation of Expense					er Ket	urn N/A	
а	Total expenses and losses per audited financial s					a		
b	Amounts included on line a but not Part I, line 17:							
1	Donated services and use of facilities			_b1		. I		
2	Prior year adjustments reported on Part I, line 20		L	b2		J 1		
3	Losses reported on Part I, line 20		· [	b3		1 1		
4	Other (specify):		[			1! }		
•			!	b4		1 1		
	Add lines b1 through b4		L			b		
С	Subtract line b from line a			• • • • • • • • •	• •••	c		
d	Amounts included on Part I, line 17, but not on line				• • • • • • • • • • • • • • • • • • • •	<del> </del>		<del></del>
			1	.a. 1		1. 1		
1	Investment expenses not included on Part I, line 6		·· ·· }	_d1		1 1		
2	Other (specify)							
			L	_d2				
	Add lines d1 and d2					d		
<u>e_</u> _	Total expenses (Part I, line 17). Add lines c and c					в		
Pa	rt V-A Current Officers, Directors					officer,	director, tr	ustee,
	or key employee at any time during	the year even if they were not c	ompensa	ited ) (See the	instructions.)	1		
	(A) Name and address		Title and	(B)	(C) Compensation (If not paid, enter	(D)Co employee	intributions to benefit plans &	(E) Expense account and other allowances
	(A) Name and address		week de	evoted to position	-0)	deterred	compensation plans	allowances
MA	RY SHUTTLEWORTH	LOS ANGELES	PRI	ESIDENT		l		ļ
13	34 L. RON HUBBARD WAY	CA	0		54,000		. 0	o
PO:	LLY MATHES	GLENDALE	LE	AD TEACHER				
53	5 E WINDSOR RD,	CA	0		26,575	1	0	0
	HN MCQUILLING	GLENDALE		RECTOR			<del></del>	
	4 W. LEXINGTON DR	CA	1 0		,		0	0
				RECTOR				<u>_</u>
	LLIAM TRUAX	GLENDALE, CA		CCTOR			•	,
	9 N. BRAND BL #316	CA	-0				0	0
	GAN SHIELDS	GLENDALE, CA		RECTOR	_			_
	30 S. GLENDALE AVE #503	CA	-				0	0
BR	AD BERNSTEIN	MONTROSE, CA	1	RECTOR				
24	41 HONOLULU AVE #120	CA	-				0	0
			<b>_</b>					
			1		•			
	··							
					-			
			1					
			1					
	•	•						

Form	990 (2006) SHUTTLEWORTH LEADERSHIP SOCIETY	INT 95-472	3204			Р	age <b>6</b>
Pa	rt V-A Current Officers, Directors, Trustees, and Key Em	ployees (continue	ed)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on or	ganization business at	board				
	meetings	•					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V	/-A, or highest compen	sated				
	employees listed in Schedule A, Part I, or highest compensated professional and						
	contractors listed in Schedule A, Part II-A or II-B, related to each other through f						
	relationships? If "Yes," attach a statement that identifies the individuals and expl	ains the relationship(s)	)		75b		<u> </u>
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V	-A, or highest					
	compensated employees listed in Schedule A, Part I, or highest compensated p						
	independent contractors listed in Schedule A, Part II-A or II-B, receive compens	ation from any other					
	organizations, whether tax exempt or taxable, that are related to the organizatio	n? See the instructions	for				
	the definition of "related organization."				75c		<u>X</u>
	If "Yes," attach a statement that includes the information described in the instruc	tions					
	Does the organization have a written conflict of interest policy?				75d		X
Pa	rt V-B Former Officers, Directors, Trustees, and Key Emp						
	(If any former officer, director, trustee, or key employee received co				year, I	ist tha	t
	person below and enter the amount of compensation or other bene	fits in the appropriate c				· =	
	(A) Name and address	(B) Loans and Advances	(if not paid,	(D) Contributions to employ benefit plans & deferred		E) Expe	
		ļ` <i>`</i>	enter -0-)	compensation plans	a	illowan	ces
N/A	·						
					$+\!\!-$		
					+		
		<del>-  </del>	<b>.</b>		$+\!-$		
					1		
			<u> </u>		+-		
					+-		
					+-		
			-		+-		
			}		+-		
	····	-			+-		
		i					
<b>Ph.</b> -	out Mil Other Information (See the instructions )		L		<del></del>	Yes	No
	Int VI Other Information (See the instructions.)  Did the organization make a change in its activities or methods of conducting activities or methods.	trutioe2 If "Voc." attach			$\vdash$	162	110
76		aivilles i i tes, allaci	ıa		76		X
77	detailed statement of each change	arted to the IPS?			77		X
77	Were any changes made in the organizing or governing documents but not repo	arted to trie ins:					
70-	If "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income of \$1,000 or more d	uring the year covered	by				
78a	-	uning the year covered	Dy		78a		x
<b>L</b>	this return?  If "Yes," has it filed a tax return on Form 990-T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction durin	n the year? If "Ves " at	ach		100		
							x
a statement  80a Is the organization related (other than by association with a statewide or nationwide organization) through							
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt							
							X
<b>h</b>	organization?  If "Yes," enter the name of the organization				80a		
IJ		ck whether it is e	xempt or	nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions.)		81a				
o ia b	The state of the s		<u> </u>	N/A	81ь		
	one one organization monorman reservoir and year.			,		990	(2006)

Form	1 990 (2006) SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204		P	age 7
Pa	art VI Other Information (continued)	,	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	İ		l
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III ) 82b			, <u> </u>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		_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? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.		i I	
C	Dues, assessments, and similar amounts from members		i	
d	Section 162(e) lobbying and political expenditures	<b>↓</b>		
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	4		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	ļ	ļ	
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		1	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	<u> </u>	ļ	
	following tax year? N/A	85h	<b>├─</b> ─-	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	4		
b	Gross receipts, included on line 12, for public use of club facilities	4		
87	501(c)(12) orgs. Enter. a Gross income from members or shareholders	4	:	
b	Gross income from other sources (Do not net amounts due or paid to other		. 1	
	sources against amounts due or received from them )	-	.	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		,	j
	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	88a		<u> </u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			77
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		<u> </u>
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 ▶			
þ	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			i
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	001		X
	a statement explaining each transaction	89b	$\dashv$	<u>-</u> ~
С	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		1	
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		X
	transaction?	896	<del></del>	$\frac{\mathbf{x}}{\mathbf{x}}$
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	$\dashv$	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	l i		
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	900		$\overline{\mathbf{x}}$
00-	at any time during the year?  List the states with which a copy of this return is filed   CA	89g		
90a			• • • • •	• • •
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			6
04-	instructions.)  The books are in care of ► MARY SHUTTLEWORTH  Telephone no. ►			
91a	1250 NEW HAMPSHIRE			•
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority			•
þ	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
		91b	103	X
	account)?  If " Yes," enter the name of the foreign country	•••	$\neg \uparrow$	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts	<u> </u>		
DAA		Form	990	(2006)

Form	990 (200	6) SHUTTLEWORTH L	EADERSHIP :	SOCIETY	INT 95-4	723204		Page 8
	rt VI	, Other Information (cont						Yes No
С	At any ti	me during the calendar year, did the	organization maintair	n an office out	side of the United S	itates?	<del> </del>	91c X_
		enter the name of the foreign country	_					_
92	Section	4947(a)(1) nonexempt charitable tru	sts filing Form 990 in	lieu of Form 1	1041- Check here		3 .	▶ ∐
	and ente	er the amount of tax-exempt interest	received or accrued of	during the tax	year		▶ 92	
Pa	rt VII	Analysis of Income-Pro	ducing Activities	s (See the	·			
Note	: Enter gr	oss amounts unless otherwise	<u> </u>	Unrelate	d business income	Excluded	by section 512, 513, or 514	(E)
ındica	ated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93	Program	service revenue.	<u> </u>	Business code	Amount	code	Amount	income
а	TUI	TION & MATERIALS	FEES					275,120
b	FIE	LD TRIPS						20,113
С								
d								
е								
f	Medicar	e/Medicaid payments						
g	Fees an	d contracts from government agence	es					
94	Member	ship dues and assessments						
95	Interest	on savings and temporary cash inve	stments					
96		Is and interest from securities						
97	Net rent	al income or (loss) from real estate:						
a		anced property		-				
b		-financed property	Ī					_
98	Net rent	al income or (loss) from personal pro	operty					
99		vestment income						
100	Gain or	(loss) from sales of assets other tha	n inventory					
101		me or (loss) from special events	•					
102		rofit or (loss) from sales of inventory						
103		venue. a						
ь								
c								
d								
e			-					
104	Subtotal	(add columns (B), (D), and (E))			_	0	0	295,233
		dd line 104, columns (B), (D), and (E	E))				<b>&gt;</b>	295,233
	-	5 plus line 1e, Part I, should equal th		Part I				
	rt VIII	Relationship of Activitie			of Exempt Puri	poses (S	ee the instruction	ıs.)
	ne No.	Explain how each activity for wh						
	▼	of the organization's exempt pu	rposes (other than by	providing fund	ds for such purpose	s).		
9	3 <b>A</b>	TUITION INCOME I	S PAYMENT	FOR EDU	CATING TH	E STUD	ENTS.	
	-	PARENTS ALSO PAY	FOR STUDY	MATERI	ALS AND S	UPPLIE	S.	
9	3B	PARENT'S PAYMENT	S FOR FIEL	DTRIP E	NTRANCE F	EES, L	ATE FEES	
		PARTICIPATION IN	AFTER-SCH	OOL CLU	BS.			
Pa	ert IX	Information Regarding	Taxable Subsidia	aries and [	Disregarded En	itities (S	ee the instruction	
	Name, add	(A) dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of ownership interest		(C) Nature of activities		(D) Total income	(E) End-of-year assets
	N/A			%				
				%				
				%				
	·	-		%				
Ps	ırt X	Information Regarding	Transfers Assoc		Personal Bene	fit Contra	cts (See the ins	structions.)
(	a) Did th b) Did th	e organization, during the year, rece e organization, during the year, pay	eive any funds, directly premiums, directly or	y or indirectly, indirectly, on	to pay premiums or	n a personal		Yes X No
	vote. II T	es" to (b), file Form 8870 and Form	47 20 (See monuchom		· <u>-</u> -			Form <b>990</b> (2006)

SCHEDULE A (Form 990 or 990-EZ)

### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Employer identification number

2006

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Comp empl ben plans account & other per week devoted to position than \$50,000 & deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (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.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service 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

		Form 990 or 990-EZ) 2006 SHUTTLEWORTH LEADERSHIP SOCIE	TY INT	<u>r 95-47232(</u>	)4	_	F	Page 2	
P	art      	Statements About Activities (See page 2 of the instructions.)		_			Yes	No	
1	attempt or incur	the year, has the organization attempted to influence national, state, or local legislation, in to influence public opinion on a legislative matter or referendum? If "Yes," enter the total right in connection with the lobbying activities   \$ (Must e -A, or line i of Part VI-B)	expenses p			1		х	
	organiz	zations that made an election under section 501(h) by filing Form 5768 must complete Pai tations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed bying activities.							
2	substar with any owner,	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)							
а	Sale, ex	xchange, or leasing of property?	SEE	STATEMENT	7	2a	х	<u> </u>	
b	Lending	g of money or other extension of credit?				2b	<u> </u>	х	
С	Furnish	ning of goods, services, or facilities?	SEE	STATEMENT	8	2c	x		
d	Payme	nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?				2d	х		
е	Transfe	er of any part of its income or assets?	SEE	STATEMENT	9	2e		х	
3a									
ь	Did the	organization have a section 403(b) annuity plan for its employees?				3b		х	
С		organization receive or hold an easement for conservation purposes, including easements to preserve on the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	ppen			3с		x	
d	Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation	on services?	?		3d		х	
4a		organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If	"No," comp	blete					
b	lines 4f Did the	and 4g organization make any taxable distributions under section 4966?				4a 4b		Х	
С	Did the	organization make a distribution to a donor, donor advisor, or related person?				4c			
d	Enter th	ne total number of donor advised funds owned at the end of the tax year		•					
e	Enter th	ne aggregate value of assets held in all donor advised funds owned at the end of the tax y	ear	•					
f	funds in	ne total number of separate funds or accounts owned at the end of the tax year (excluding nocluded on line 4d) where donors have the right to provide advice on the distribution or invits in such funds or accounts		sed <b>&gt;</b>			0	ı <u>-</u>	
g	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year								

Pa	art IV	Reason for Non-Private Founda	ation Status (See p	pages 4 through 7	of the instr	uctions.)				
1 cer		t the organization is not a private foundation beat church, convention of churches, or association			ox.)					
6	X A	A school Section 170(b)(1)(A)(ii). (Also complete	e Part V.)							
7		A hospital or a cooperative hospital service orga	inization. Section 170(b)(	1)(A)(:::)						
8		A federal, state, or local government or governm	nental unit Section 170(b	)(1)(A)(v)						
9		A medical research organization operated in cor	njunction with a hospital.	Section 170(b)(1)(A)(iii)	. Enter the ho	spital's name, e	city,			
	a	and state ▶								
10	_	An organization operated for the benefit of a coll Also complete the <b>Support Schedule</b> in Part IV	•	or operated by a goveri	nmental unit S	ection 170(b)(1)	(A)(IV)			
11a		An organization that normally receives a substait 170(b)(1)(A)(vi) (Also complete the Support So		om a governmental unit	or from the ge	neral public Sec	ction			
11b		A community trust Section 170(b)(1)(A)(vi). (Als	so 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 Intergrated Type III-Other									
		Provide the following inform		1						
		(a)	(b)	(c)	i .	d)	(e)			
	N	ame(s) of supported organization(s)	Employer	Type of		upported	Amount of			
			identification number (EIN)	organization (described in lines	_	on listed in oporting	support			
				5 through 12		zation's				
				above or IRC	_	documents?				
				section)						
					Yes	No				
			,							
	-									
	_									
	-									
Tota	<u> </u>			l			<del></del>			
Tota	<u> </u>									
14		An organization organized and operated to test	for public safety Section	509(a)(4) (See page 7	of the instruct		orm 990 or 990-EZ) 2006			

Schedule A (Form 990 or 990-EZ) 2006 SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204

Pa	rt IV-A Support Schedule (Cor	mplete only if you ched	ked a box on line 10, 1	1, or 12 ) Use cash met	hod of account	ing.	
Note	: You may use the worksheet in the instruc	ions for converting fro	m the accrual to the ca	sh method of accounting			
Caler	dar 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					ŀ	
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's chantable, etc , purpose						
18	Gross income from interest, dividends, amounts received from payments on securities					ļ	
	loans (section 512(a)(5)), rents, royalties, and			•		ŀ	
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired			[			
40	by the organization after June 30, 1975				<u> </u>	<del></del>	
19	Net income from unrelated business					1	
20	activities not included in line 18			<del> </del>			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on					ŀ	
	its behalf						
21	The value of services or facilities furnished to				<del></del>		<del></del>
	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 pe	rson (other than a			
	governmental unit or publicly supported or	ganızatıon) whose tota	al gifts for 2002 through	2005 exceeded the			
	amount shown in line 26a Do not file this	s list with your return	n. Enter the total of all the	nese excess amounts	▶	26b	
С	Total support for section 509(a)(1) test. Er	iter line 24, column (e			▶	26c	•••••
d	Add: Amounts from column (e) for lines:	18				<b>†</b>	
		22	26b		<b>.</b>	26d	
е	Public support (line 26c minus line 26d tot	•			<b>.</b>	26e	
f	Public support percentage (line 26e (nu					26f	
27	Organizations described on line 12:			d 17 that were received f	· ·		
	person," prepare a list for your records to			d in each year from, each	n "disqualified pe	rson."	N/A
	Do not file this list with your return. En		•	)\	(2002)		14/2-
L	(2005) (2) For any amount included in line 17 that wa	004)	(2003)		(2002)		
D	show the name of, and amount received for		• •		•		
	(Include in the list organizations described	•	<del>-</del>		<del>-</del>		
	the difference between the amount receive	-		•	_	-	XIII'9
	amounts) for each year	sa ana tre larger amo	ant described in (1) or (	z), enter the sum of the	e diliciciloss (ai	0 00000	N/A
	•	004)	(2003	3)	(2002)		•
c	Add Amounts from column (e) for lines.	15	16	•	(,		
	17	20	21		<b>▶</b>	27c	
d	Add Line 27a total	and line 27t			▶	27d	
e	Public support (line 27c total minus line 27	<del></del>	<del></del>		▶	27e	
f	Total support for section 509(a)(2) test Er		23, column (e)	▶ 27f			
g	Public support percentage (line 27e (nu			·))	<b>•</b>	27g	
_	Investment income percentage (line 18	· · · · · · · · · · · · · · · · · · ·			<b>▶</b>	27h	%
28	Unusual Grants: For an organization des	cribed in line 10, 11, o	r 12 that received any	unusual grants during 20	02 through 2005	,	
	prepare a list for your records to show, for	each year, the name	of the contributor, the d	late and amount of the gr	ant, and a brief		
	description of the nature of the grant Do r	ot file this list with y	our return. Do not incl	ude these grants in line	15		

F	(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,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	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?	30	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?	31	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)  POLICY IS STATED ON BROCHURES			
	POLICY IS PUBLISHED IN THE NEWPAPER ONCE A YEAR.			
32	Does the organization maintain the following		v	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	-
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	$\mathbf{x}_{-}$	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Х	
	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:			
а	Students' rights or privileges?	33a		x
b	Admissions policies?	33b		x
С	Employment of faculty or administrative staff?	33c		x
đ	Scholarships or other financial assistance?	33d		x
e	Educational policies?	33e		x
f	Use of facilities?	33f		x
g	Athletic programs?	33g		x
h	Other extracurricular activities?	33h		х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		х
b	Has the organization's right to such aid ever been revoked or suspended?	34b		х
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05		_	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	X	l

SHUTTLE 05/03/2007 10 32 AM  Schedule A (Form 990 or 990-EZ) 2006	UITTU EWADTE	, teadedeuti	P SOCT	ድጥ∨ ፐ	NT 95-470	3204	Dana	c
Part VI-A Lobbying Expend (To be completed	litures by Electing	g Public Charitie	s (See pa	age 10 d	of the instructi	ons.)	Page_	=
Check   a   If the organization below							ol" provisions apply	-
Limits or	Lobbying Exper	nditures	<u> </u>	r you cried	(a) Affiliated group totals		(b) To be completed for all electing	-
(The term "expendi	tures" means amounts	paid or incurred)					organizations	-
6 Total lobbying expenditures to influence				36				-
7 Total lobbying expenditures to influence		ect lobbying)		37		-+		-
18 Total lobbying expenditures (add lines 3	6 and 37)			38				-
9 Other exempt purpose expenditures				39				-
Total exempt purpose expenditures (add	•			40		-		-
Lobbying nontaxable amount Enter the		=						
If the amount on line 40 is-	, ,	ontaxable amount is-	· ¬					
Not over \$500,000 Over \$500,000 but not over \$1,000,000	20% of the amount	on line 40 of the excess over \$500,	000					
Over \$1,000,000 but not over \$1,000,000		of the excess over \$1,00	L	41				
Over \$1,500,000 but not over \$1,500,000		of the excess over \$1,500						7
Over \$17,000,000	\$1,000,000	01 the execus over \$1,000	,,,,,					
2 Grassroots nontaxable amount (enter 2	•			42				
Subtract line 42 from line 36 Enter -0- if		ne 36		43				•
4 Subtract line 41 from line 38 Enter -0- if				44			· <u>-</u>	
Caution: If there is an amount on either	lino 42 or lino 44 you	must file Form 4720						
Caution: If there is an amount on either		aging Period Und	ter Section	n 501/h	1)			-
(Some organization	ons that made a section			-	-	s below		
(come organization	See the instructions fo					0 00.011		
-								_
		Lobbying Exp	enditures D	uring 4-Y	ear Averaging Po	eriod		
Calendar year (or	(a)	(b)	(	c)	(d)		(e)	
fiscal year beginning in)	2006	2005	20	004	2003		Total	_
						i		
15 Lobbying nontaxable amount								_
Lobbying ceiling amount (150% of								
line 45(e))								_
	1							
7 Total lobbying expenditures	<del></del>	<del> </del>						-
8 Grassroots nontaxable amount								-
9 Grassroots ceiling amount (150% of								
line 48(e))							<del> –</del> –	-
60 Grassroots lobbying expenditures								
Part VI-B Lobbying Activity	by Nonelecting	Public Charities	<u> </u>		<u>-</u>		<del></del>	-
(For reporting only			nolete Pai	t VI-A) (	See page 13	of the	instructions.) N/	7
During the year, did the organization attemp								-
attempt to influence public opinion on a legis				,	Yes	No	Amount	
a Volunteers		. 0						
b Paid staff or management (Include co	mpensation in expense	es reported on lines c t	hrough h.)					
c Media advertisements			- ,					
d Mailings to members, legislators, or th	ie public							•
e Publications, or published or broadcas	•							•
f Grants to other organizations for lobb								_
g Direct contact with legislators, their sta	affs, government officia	als, or a legislative bod	y					

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines c through h.)

Schedule A (Form 990 or 990-EZ) 2006	HTGOWS.TTTIHS	TEADERSHIP	SOCTETY	TNT	95-4723204
Schedule A (Form 990 or 990-EZ) 2006	PUOLITEMOKIU	TEMPERSUIL	SOCIETI	TIAT	33-4/23204

che					SOCIETY INT 95-4723204		P	age 7
Pa		_	-		s and Relationships With Noncharitable	<b>;</b>		
1				e page 13 of the instruction	h any other organization described in section			
•				organizations) or in section 527, rel				
а				oncharitable exempt organization of:			Yes	No
_	(i) Cash			, ,	l	51a(i)		X
	(ii) Other	assets				a(ii)		X
b	Other transa	ctions.						
	(i) Sales	or exchanges of assets	with a nonc	harıtable exempt organizatıon		_b(i)_		X
	(ii) Purcha	ases of assets from a n	oncharitable	exempt organization	· ·	_b(ii)_		X
	(iii) Rental	of facilities, equipment	t, or other as:	sets	· ·	_b(iii)		X
	(iv) Reimb	ursement arrangement	ts		İ	b(iv)		X
	(v) Loans	or loan guarantees				b(v)		Х
	(vi) Perfor	mance of services or m	nembership o	r fundraising solicitations	j	b(vi)		X
С	•	• •	-	er assets, or paid employees		<u> </u>	L	X
d					(b) should always show the fair market value of the			
					ion received less than fair market value in any			
		r sharing arrangement	, show in coli	umn (d) the value of the goods, othe				-
	(a) Line no	(b) Amount involved	Name of	(c) noncharitable exempt organization	(d)  Description of transfers, transactions, and sharing	arrangem	ents	
			<del> " .</del>					
N	/A							_
	,							
		-						
		-						
			ļ					
2a				with, or related to, one or more tax-		П.,	<b>\_</b>	a
				nan section 501(c)(3)) or in section 5	i27?	· 🗌 Y	es 🔼	A No
b	If "Yes," com	plete the following sch	edule.		· · · · · · · · · · · · · · · · · · ·			
		(a) lame of organization		(b) Type of organization	(c) Description of relationship			
-	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	N/A	·						
				<del></del>				
_		·			4			

Form **4562** 

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

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

OMB No 1545-0172 2006

Name(s) shown on return

SHUTTLEWORTH LEADERSHIP SOCIETY INT

Identifying number 95-4723204

	ess or activity to which this form relates	ON								
Pa	rt I Election To Expens Note: If you have a					comr	olete Pa	rt i		
1	Maximum amount See the instruction				ciolo you	<u>00111</u> 1	<u> </u>		1	108,000
2	Total cost of section 179 property pl	•		300					2	
3	Threshold cost of section 179 prope	•	•						3	430,000
4	Reduction in limitation Subtract line	•							4	
5	Dollar limitation for tax year Subtract line			ried filina :	separately, see	instru	ctions		5	
<u> </u>	(a) Description		1000; 0.1101 0 11.1101		t (business use			Elected cos	•	
6	(a) Bosonphon	от разролу		(2) 300	1 (000000 000	<u> </u>				
<u> </u>										
7	Listed property Enter the amount fr	om line 29		-		7		•		
8	Total elected cost of section 179 pro		in column (c), lines	6 and 7	•		<del></del>		8	
9	Tentative deduction Enter the small		(-,,						9	
10	Carryover of disallowed deduction fi		005 Form 4562						10	
11	Business income limitation Enter th	•		than zero	o) or line 5 (se	ee inst	ructions)		11	
12	Section 179 expense deduction. Ad		•		•		,		12	
13	Carryover of disallowed deduction to					13				
	: Do not use Part II or Part III below f		<del></del>							
	rt II Special Depreciation			ciatio	n (Do not	inclu	ude liste	d prope	ertv.)	(See instructions.)
14	Special allowance for qualified New									
	property) placed in service during th			. ,	•				14	
15	Property subject to section 168(f)(1)	• •	<b>,</b>						15	
16	Other depreciation (including ACRS								16	
	rt III MACRS Depreciation		de listed prope	ertv.) (	See instru	ction	s.)			
<del></del>			Secti							
17	MACRS deductions for assets place	ed in service in tax ve							17	7,195
18	If you are electing to group any assets pla				eral asset acco	unts, cl	neck here	▶ □		
-		sets Placed in Serv						tion Sys	tem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investme only-see instruct	eciation ent use	(d) Recovery period		Convention	(f) Me		(g) Depreciation deduction
19a	3-year property									
b	5-year property		1	,259	5.0		HY	200	DB	252
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs.		ММ	S/L	:	
	property				27 5 yrs		MM	S/L	<u></u>	
i	Nonresidential real				39 yrs		MM	S/L		
	property						ММ	S/l		<u> </u>
	Section C-Ass	ets Placed in Service	e During 2006 Tax	x Year U	sing the Alte	ernativ	e Deprec	iation Sy	stem	
20a	Class life	,			_			S/L		
b	12-year				12 yrs			S/l		
	40-year				40 yrs		ММ	S/I		<u> </u>
	rt IV Summary (see inst	ructions)								
21	Listed property. Enter amount from	line 28	- <del></del>						21	
22	Total. Add amounts from line 12, lin	es 14 through 17, lin	nes 19 and 20 in co	lumn (g),	and line 21					
	Enter here and on the appropriate li	nes of your return P	artnerships and S	corporation	ons-see instr				22	7,447
23	For assets shown above and placed	d in service during the	e current year,							
	enter the portion of the basis attribu	table to section 263A	costs			23				
For F	Panerwork Reduction Act Notice s									Form 4562 (2006

95-4723204

# **Federal Statements**

FYE: 12/31/2006

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
BOOK / TAX DEPREC DIFFERENCE	\$ -1,382
TOTAL	\$ -1,382

5/3/2007 10:31 AM

# SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 FYE: 12/31/2006

s,					
ation of Current Officer	Fundraising	· ·			0
II, Line 25a - Compens	Management & General	v.	54,000		\$ 54,000
Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers	Program Services	w.		26,575	\$ 26,575
State	Name	EXPENSES	MARY SHUTTLEWORTH COMPENSATION	POLLY MATHES COMPENSATION	TOTAL

95-4723204 FYĘ: 12/31/2006

# **Federal Statements**

5/3/2007 10:31 AM

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$ \$	\$	
EXPENSES				
ADVERTISING	2,422			2,422
EMPLOYEE TRAINING	2,204	2,204		
FIELD TRIP EXPENSES	12,039	12,039		
INDEPENDENT CONTRACTORS	21,158	18,287		2,871
INSURANCE	13,365	9,533	3,832	
MEMBERSHIPS	2,196	2,196		
MILEAGE - EMPLOYEES	444	444		
OFFICE EXPENSE	3,222	2,903	319	
OTHER GENERAL & ADMIN	17,248	17,248		
PERMITS	312	312		
TOTAL	\$ 74,610	65,166 \$	4,151 \$	5,293

**Federal Statements** 

95-4723204 FYE: 12/31/2006

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

Description							
	 Beginning of Year		Accum Deprec	_	End of Year	_	Accum Deprec
COMPUTERS, FURNITURE, EQUIPMENT							
	\$ 99,344	\$_	52,102	\$_	100,603	\$_	60,931
TOTAL	\$ 99,344	\$_	52,102	\$_	100,603	\$_	60,931

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

Description	Beginning of Year	End of Year
DEPOSIT	\$ 500	\$
TOTAL	\$ 500	) \$ 0

5/4/2007 2:03 PM

**Federal Statements** 

95-4723204

FYĘ: 12/31/2006

## Statement 6 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	 Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 1,382
TOTAL	\$ 1,382

5/3/2007 10:31 AM

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT 95-4723204 Federal Statements

5/3/2007 10:31 AM

FYE: 12/31/2006

### Statement 7 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property

Description

THE SCHOOL LEASES THE BUILDING FROM OFFICER MARY SHUTTLEWORTH.

### Statement 8 - Schedule A, Part III, Line 2c - Furnishing of Goods, Services or Facilities

Description

STAFF ARE ENTITLED TO DISCOUNTS ON TUITION AND MATERIALS FEES FOR THEIR CHILDREN.

### Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of <u>Exp</u>

Description

SEE PART V FORM 990

SHUTTLE SHUTTLEWORTH LEADERSHIP SOCIETY INT
95-4723204 Federal Statements

5/3/2007 10:31 AM

FYĘ: 12/31/2006

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

Description

POLICY IS STATED ON BROCHURES POLICY IS PUBLISHED IN THE NEWPAPER ONCE A YEAR.

95-4723204

Federal Asset Report Form 990, Page 1 05/03/2007 10:31 AM

FYE: 12/31/2006

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
	r GDS Property: Equipment	7/01/06 _ =	1,259 1,259	-	1,259 1,259	5 HY 200DB	0	252 252
1 2 3 4 5 6 7 8 9 10	Leasehold improvements Leasehold Improvements Musical Instruments Computer Furniture BELLS MUSIC SYSTEM FRIG & STOVE FURNITURE COMPUTER EQUIPMENT FURNITURE MUSICAL INTRUMENTS COMPUTERS VIDEO CAMERA COMPUTER EATING AREA COVER TELEPHONE VACUUM FAX TV PHONE COMPUTER RADIO VIDEO EQUIP CURTAINS DESKS FILING CABINETS DESKS MONITOR DIGITAL CAMERA HEATER PICNIC TABLE DESKS - STUDENT CELL PHONE SIGNS PRINTER HP OFFICE JET CHAIRS COMPUTER SOLUTIONS	8/01/99 11/01/99 9/01/99 9/01/99 8/01/99 8/01/99 8/01/99 8/01/99 9/01/99 6/15/00 6/15/00 6/15/00 6/15/00 6/15/00 11/15/01 5/01/01 6/01/01 9/14/01 10/01/01 11/15/01 1	19,345 17,345 411 4,557 1,346 884 675 422 1,149 2,050 4,518 2,266 2,899 2,485 2,771 682 160 210 273 430 336 166 412 65 3,302 95 1,009 576 1,222 760 944 38 1,688 748 162 589 587 1,080 3,637 903 1,001 6,532 779 1,323 54 5,079	X X X X X X X X X X X X X X X X X X X	19,345 17,345 411 4,557 1,346 884 675 422 1,149 2,050 4,518 2,266 2,899 2,485 2,771 682 160 147 191 301 235 116 288 45 2,311 95 1,009 576 856 532 661 27 1,182 524 113 294 293 540 1,818 451 500 3,266 389 661 27 5,079	27 MM S/L 5 HY 200DB 5 HY 200DB 7 HY 200DB 5 HY 200DB 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 MQ 200DB 5 MQ 200DB 5 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 5 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 MQ 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 MQ 200DB	4,484 3,863 411 4,557 1,286 884 675 403 1,098 2,050 3,913 1,962 2,511 2,451 2,653 653 126 196 210 322 304 150 373 59 2,986 75 797 455 915 523 780 31 1,161 514 115 455 497 814 2,764 686 761 4,532 541 1,006 38 1,016	704 631 0 0 60 0 19 51 0 404 203 258 34 118 29 14 14 24 38 32 16 39 6 316 8 89 51 107 68 109 4 150 67 13 38 36 76 349 87 96 572 68 127 4 1,625
47	Crand Totals Less: Dispositions Net Grand Totals	6/15/05 _ = - =	1,379 99,344 100,603 0 100,603	-	89,130 89,130		57,332 57,332 0 57,332	7,195 7,447 0 7,447