

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2006**Department of the Treasury  
Internal Revenue ServiceUnder 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.

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

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions.**C Name of organization****DELPHI SCHOOLS, INC.**

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

**20950 S.W. ROCK CREEK ROAD**

Room/suite

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

**SHERIDAN, OR 97378****D Employer identification number****93-0630376****E Telephone number****(503) 843-3521****F Accounting method**☐ Cash☒ Accrual☐ Other  
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G Website:** ▶ **WWW.DELPHIAN.ORG****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 ▶**14,069,389.****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**

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>		<b>438,779.</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		<b>1,038,818.</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>1,477,597.</b> noncash \$ )			<b>1e</b>	<b>1,477,597.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>11,829,152.</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>264,059.</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	<b>10,215.</b>
<b>6 a</b>	Gross rental income	<b>6a</b>		<b>73,758.</b>	
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	<b>73,758.</b>
<b>7</b>	Other investment income (describe in Part VII)			<b>7</b>	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>325,000.</b>	<b>8a</b>	<b>15,886.</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>325,000.</b>	<b>8b</b>	<b>22,145.</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8c</b>	<b>&lt;6,259.&gt;</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>STMT 2</b>		<b>STMT 3</b>	
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	<b>73,722.</b>
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	<b>13,722,244.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	<b>12,695,750.</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	<b>679,841.</b>
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)			<b>17</b>	<b>13,375,591.</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	<b>346,653.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>4,785,387.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>50,873.</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>5,182,913.</b>

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

Form 990 (2006)

**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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 6</b>	1,326,384.	1,045,929.	280,455.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>STMT 7</b>	42,974.	24,066.	18,908.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	4,448,018.	4,332,854.	115,164.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	11,351.	10,897.	454.	
<b>29</b> Payroll taxes	418,099.	401,375.	16,724.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	14,000.	7,000.	7,000.	
<b>32</b> Legal fees	102,188.	51,094.	51,094.	
<b>33</b> Supplies	45,758.	43,928.	1,830.	
<b>34</b> Telephone	85,164.	81,757.	3,407.	
<b>35</b> Postage and shipping	35,079.	33,676.	1,403.	
<b>36</b> Occupancy	2,202,920.	2,114,803.	88,117.	
<b>37</b> Equipment rental and maintenance	25,563.	24,541.	1,022.	
<b>38</b> Printing and publications				
<b>39</b> Travel	37,552.	18,776.	18,776.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	1,888.	1,812.	76.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	226,512.	217,452.	9,060.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
<b>g</b> <b>SEE STATEMENT 5</b>	4,352,141.	4,285,790.	66,351.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,375,591.	12,695,750.	679,841.	0.

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**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? ► **SEE STATEMENT 9**

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 8**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ **12,695,750.**

**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) ► **12,695,750.**

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**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
<b>Assets</b>	45	Cash - non-interest-bearing		438,200.	45	648,499.
	46	Savings and temporary cash investments		5,640,646.	46	6,857,593.
	47 a	Accounts receivable	47a 29,232.			
	b	Less: allowance for doubtful accounts	47b	9,997.	47c	29,232.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		143,626.	52	143,129.
	53	Prepaid expenses and deferred charges		51,027.	53	63,674.
	54 a	Investments - publicly-traded securities	STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	425,777.	54a	340,645.
	b	Investments - other securities	STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	286,585.	54b	95,780.
55 a	Investments - land, buildings, and equipment basis	55a				
b	Less: accumulated depreciation	55b		55c		
56	Investments - other	SEE STATEMENT 10	5,213.	56	7,024.	
57 a	Land, buildings, and equipment: basis	57a 3,073,438.				
b	Less: accumulated depreciation	57b 2,067,889.	999,911.	57c	1,005,549.	
58	Other assets, including program-related investments (describe ► SEE STATEMENT 11)		327,459.	58	309,819.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		8,328,441.	59	9,500,944.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		319,336.	60	365,375.
	61	Grants payable			61	
	62	Deferred revenue			62	13,200.
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable	STMT 12	32,060.	64b	47,234.
	65	Other liabilities (describe ► ADVANCED TUITION)		3,191,658.	65	3,892,222.
66	<b>Total liabilities.</b> Add lines 60 through 65		3,543,054.	66	4,318,031.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		4,661,834.	67	4,725,175.
	68	Temporarily restricted		123,553.	68	457,738.
	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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		4,785,387.	73	5,182,913.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		8,328,441.	74	9,500,944.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	13773117.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): <b>UNREALIZED GAIN</b>	<b>b4</b>	50,873.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	50,873.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	13722244.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	13722244.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	13375591.
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b> Donated services and use of facilities	<b>b1</b>		
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b> Other (specify):	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	13375591.
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify):	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b> Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	13375591.

**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.)

[illegible]



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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?		<b>X</b>
<b>b</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)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	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.		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b> N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b> N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b> N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b> N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>85g</b>			
<b>h</b>	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?		
	N/A		
<b>85h</b>			
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b> N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b> N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b> N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b> N/A		
<b>88 a</b>	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		<b>X</b>
<b>b</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		<b>X</b>
<b>88b</b>			
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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		<b>X</b>
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<b>0.</b>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<b>0.</b>		
<b>89e</b>			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>89f</b>			
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>89g</b>			
<b>90 a</b>	List the states with which a copy of this return is filed <b>OR, CA</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b>	<b>212</b>
<b>91 a</b>	The books are in care of <b>JEANNE MCKEVITT</b> Telephone no. <b>503-843-3521</b> Located at <b>20950 S.W. ROCK CREEK ROAD, SHERIDAN, OR</b> ZIP + 4 <b>97378</b>		
<b>b</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		<b>X</b>
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>91b</b>			

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**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION					7,034,278.
b BOARDING FEES					3,005,799.
c YEARBOOK/MISC ACTV FEES					1,728,610.
d BOOK SALES					60,465.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	264,059.	
96 Dividends and interest from securities			14	10,215.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	73,758.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18		<6,259.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a REFERRAL FEES FROM OTHER					
b DELPHI SCHOOLS			03	487.	
c BOOKSTORE			03	73,235.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		421,754.	11,822,893.
105 Total (add line 104, columns (B), (D), and (E))					12,244,647.

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).

SEE STATEMENT 16

**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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X 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). **N/A**

**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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**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.

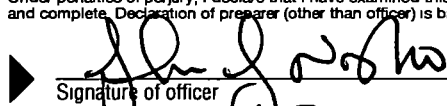
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**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?

Yes	No

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.

Please Sign Here:  Date 5-15-07  
 Signature of officer: JOHN J. WOSKO Title: Sec. / Treasurer  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: Cynthia P. Bartholomew Date: 5/14/07 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): EIN  
 Firm's name (or yours if self-employed), address, and ZIP + 4: PERKINS & COMPANY, P.C.  
1211 SW FIFTH AVE., SUITE 1000  
PORTLAND, OREGON 97204-3710 Phone no.: (503) 221-0336

Form 990 (2006)

**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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2006**

Name of the organization

**DELPHI SCHOOLS, INC.**

Employer identification number

**93 0630376**

**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	1			

**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
ROBERT G. BURT, P.C. 1515 SW FIFTH AVE., SUITE 600, PORTLAND, OR 97201	LEGAL SERVICES	107,133.
Total number of others receiving over \$50,000 for professional services ▶	0	

**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 ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

<b>1</b> 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.) 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.	<b>1</b>		<b>X</b>
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3 a</b> 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.)	<b>3a</b>		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		<b>X</b>
<b>c</b> 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	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		<b>X</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		<b>X</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year			<b>0</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<b>0.</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the 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			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			<b>0.</b>

**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	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**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.**N/A**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	<b>N/A</b>
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	<b>26b</b>	<b>N/A</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	<b>N/A</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	<b>N/A</b>
e Public support (line 26c minus line 26d total)	<b>26e</b>	<b>N/A</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	<b>N/A</b>

<b>27 Organizations described on line 12:</b> 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)		
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)		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____				<b>27c</b>	<b>N/A</b>
e Public support (line 27c total minus line 27d total)				<b>27d</b>	<b>N/A</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				<b>27e</b>	<b>N/A</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27f</b>	<b>N/A</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27g</b>	<b>N/A</b>
				<b>27h</b>	<b>N/A</b>

**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)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <b>THE EXEMPT ORGANIZATION HAS PUBLISHED NOTICE IN THE REQUIRED FORM STATING ITS RACIALLY NONDISCRIMINATORY POLICIES IN NEWSPAPERS OF GENERAL CIRCULATION AT LEAST ONCE ANNUALLY OR DURING ITS REGISTRATION PERIOD.</b>	X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
34 a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Schedule A (Form 990 or 990-EZ) 2006

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		<b>N/A</b>													
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><b>If the amount on line 40 is -</b></td><td><b>The lobbying nontaxable amount is -</b></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>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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													
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**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.)

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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			





FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
SUBLEASE OF LAND	1	73,758.	
TOTAL TO FORM 990, PART I, LINE 6A		73,758.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES - SEATTLE NW	132,000.	132,000.	0.	0.	
SECURITIES - MERRILL LYNCH	193,000.	193,000.	0.	0.	
TO FORM 990, PART I, LINE 8	325,000.	325,000.	0.	0.	

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS EQUIPMENT, FURNITURE & FIXTURES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	15,886.	186,904.	0.	164,759.	<6,259.>
TO FM 990, PART I, LN 8	15,886.	186,904.	0.	164,759.	<6,259.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	50,873.
TOTAL TO FORM 990, PART I, LINE 20	50,873.

FORM 990	OTHER EXPENSES	STATEMENT	5
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL DEVELOPMENT	17,432.	16,735.	697.	
FOOD	499,686.	494,689.	4,997.	
HOT LUNCH PROGRAM	3,228.	3,228.	0.	
EDUCATIONAL EXPENSE	515,510.	515,510.	0.	
YEARBOOK	3,106.	3,106.	0.	
BOOKS FOR RESALE	73,731.	73,731.	0.	
SNACKBAR ITEMS FOR RESALE	54,173.	54,173.	0.	
SCHOOL REPRESENTATIVES	151,429.	151,429.	0.	
BUILDING MAINTENANCE	77,577.	74,474.	3,103.	
JANITORIAL	50,478.	48,459.	2,019.	
ESTATES EQUIPMENT	35,137.	33,732.	1,405.	
ESTATES MAINTENANCE	49,635.	47,650.	1,985.	
UTILITIES	349,974.	335,975.	13,999.	

INSURANCE	491,493.	481,037.	10,456.
INTELLECTUAL			
PROPERTIES LICENSE			
FEEs	392,700.	392,700.	0.
TAXES AND LICENSES	14,716.	14,127.	589.
DUES	11,400.	11,400.	0.
BANK CHARGES	81,776.	81,776.	0.
ADVERTISING	619,545.	619,545.	0.
MISCELLANEOUS	40,809.	39,753.	1,056.
TRANSPORTATION	14,051.	13,489.	562.
TOURS	42,827.	42,827.	0.
GAS	39,032.	37,471.	1,561.
PHOTOCOPYING	17,835.	17,122.	713.
COMPUTER SUPPLIES	61,376.	58,921.	2,455.
OTHER PROFESSIONAL			
SERVICES	40,716.	20,358.	20,358.
SPECIAL EVENTS	7,919.	7,523.	396.
LICENSE FEES	593,784.	593,784.	0.
BAD DEBT EXPENSE	1,066.	1,066.	0.
TOTAL TO FM 990, LN 43	4,352,141.	4,285,790.	66,351.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GREGORY OTT	123,202.	3,834.		127,036.
A. PROGRAM SERVICES	68,993.	2,147.		71,140.
B. MANAGEMENT AND GENERAL	54,209.	1,687.		55,896.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROSEMARY DIDEAR	78,667.	2,885.		81,552.
A. PROGRAM SERVICES	44,054.	1,616.		45,670.
B. MANAGEMENT AND GENERAL	34,613.	1,269.		35,882.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALAN ROTHE	85,167.	3,804.		88,971.
A. PROGRAM SERVICES	47,694.	2,130.		49,824.
B. MANAGEMENT AND GENERAL	37,473.	1,674.		39,147.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELLEN GARRISON	67,300.	2,799.		70,099.
A. PROGRAM SERVICES	37,688.	1,567.		39,255.
B. MANAGEMENT AND GENERAL	29,612.	1,232.		30,844.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN NOSKO	77,228.	2,877.		80,105.
A. PROGRAM SERVICES	43,248.	1,611.		44,859.
B. MANAGEMENT AND GENERAL	33,980.	1,266.		35,246.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANET HOLLANDER	70,464.	2,871.		73,335.
A. PROGRAM SERVICES	39,460.	1,608.		41,068.
B. MANAGEMENT AND GENERAL	31,004.	1,263.		32,267.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK SIEGEL	70,777.	2,872.		73,649.
A. PROGRAM SERVICES	39,635.	1,608.		41,243.
B. MANAGEMENT AND GENERAL	31,142.	1,264.		32,406.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARIA AGRILLO	41,875.	4,596.		46,471.
A. PROGRAM SERVICES	40,801.	4,478.		45,279.
B. MANAGEMENT AND GENERAL	1,074.	118.		1,192.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KAREN DALE	31,008.	180.		31,188.
A. PROGRAM SERVICES	30,213.	175.		30,388.
B. MANAGEMENT AND GENERAL	795.	5.		800.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARCY GREEN	53,498.	3,204.		56,702.
A. PROGRAM SERVICES	52,126.	3,122.		55,248.
B. MANAGEMENT AND GENERAL	1,372.	82.		1,454.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HEATHER KERTCHEM	53,967.	2,899.		56,866.
A. PROGRAM SERVICES	52,583.	2,825.		55,408.
B. MANAGEMENT AND GENERAL	1,384.	74.		1,458.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEANNE MCKEVITT	50,341.	2,881.		53,222.
A. PROGRAM SERVICES	49,050.	2,807.		51,857.
B. MANAGEMENT AND GENERAL	1,291.	74.		1,365.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JULIE NOSKO	47,782.	2,871.		50,653.
A. PROGRAM SERVICES	46,556.	2,797.		49,353.
B. MANAGEMENT AND GENERAL	1,226.	74.		1,300.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUZAN OTT	41,580.	3,802.		45,382.
A. PROGRAM SERVICES	40,513.	3,704.		44,217.
B. MANAGEMENT AND GENERAL	1,067.	98.		1,165.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONETTA PHELPS	70,223.	2,872.		73,095.
A. PROGRAM SERVICES	68,422.	2,798.		71,220.
B. MANAGEMENT AND GENERAL	1,801.	74.		1,875.
C. FUNDRAISING				



NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY REINHART	50,400.	180.		50,580.
A. PROGRAM SERVICES	49,107.	175.		49,282.
B. MANAGEMENT AND GENERAL	1,293.	5.		1,298.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GERALD RIPP	56,659.	2,861.		59,520.
A. PROGRAM SERVICES	55,206.	2,788.		57,994.
B. MANAGEMENT AND GENERAL	1,453.	73.		1,526.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LINDA SIEGEL	56,817.	2,861.		59,678.
A. PROGRAM SERVICES	55,360.	2,788.		58,148.
B. MANAGEMENT AND GENERAL	1,457.	73.		1,530.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LESLIE TOTH	49,671.	180.		49,851.
A. PROGRAM SERVICES	48,397.	175.		48,572.
B. MANAGEMENT AND GENERAL	1,274.	5.		1,279.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUZAN WEHNER	39,643.			39,643.
A. PROGRAM SERVICES	38,626.			38,626.
B. MANAGEMENT AND GENERAL	1,017.			1,017.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARTI WIGGINS	55,925.	2,861.		58,786.
A. PROGRAM SERVICES	54,490.	2,788.		57,278.
B. MANAGEMENT AND GENERAL	1,435.	73.		1,508.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				1,045,929.
TOTAL MANAGEMENT AND GENERAL				280,455.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>1,326,384.</u>

FORM 990

FORMER OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25B

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN BADER	40,126.	2,848.		42,974.
A. PROGRAM SERVICES	22,471.	1,595.		24,066.
B. MANAGEMENT AND GENERAL	17,655.	1,253.		18,908.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				24,066.
TOTAL MANAGEMENT AND GENERAL				18,908.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25B				42,974.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

8

## DESCRIPTION OF PROGRAM SERVICE ONE

DELPHI SCHOOLS, INC., DEVELOPS, OPERATES, AND/OR ADVISES PRIVATE, NON-SECTARIAN SCHOOLS OWNED BY DELPHI SCHOOLS, INC., OR BY OTHER EDUCATIONAL AND CHARITABLE NONPROFIT SCHOOLS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, IN CONJUNCTION WITH DELPHI SCHOOLS, INC.'S: (1) EDUCATIONAL CURRICULUM, SYLLABI, AND SUPPORTING IMPLEMENTATION ADVICE FOR THE EDUCATION OF STUDENTS IN PRESCHOOL/KINDERGARTEN THROUGH HIGH SCHOOL AND BEYOND; (2) EDUCATIONAL PUBLICATIONS; AND (3) DELPHI TRADEMARKS AND SERVICEMARKS (COLLECTIVELY REFERRED TO AS THE "DELPHI PROGRAM"). DELPHI SCHOOLS, INC., CURRENTLY OWNS FOUR SUCH SCHOOLS: A BOARDING SCHOOL IN SHERIDAN, OREGON ("THE DELPHIAN SCHOOL"); A DAY SCHOOL IN LOS ANGELES, CALIFORNIA, ("THE DELPHI ACADEMY OF LOS ANGELES"); A DAY SCHOOL IN SANTA MONICA, CALIFORNIA ("THE DELPHI ACADEMY OF SANTA MONICA"); AND A DAY SCHOOL IN SANTA CLARA, CALIFORNIA ("THE DELPHI ACADEMY OF SAN FRANCISCO BAY"). IT ALSO CONTRACTS WITH FIVE OTHER EDUCATIONAL AND CHARITABLE NONPROFIT SCHOOLS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986: A DAY SCHOOL IN MILTON, MASSACHUSETTS ("THE DELPHI ACADEMY OF BOSTON"); A DAY SCHOOL IN CLEARWATER, FLORIDA ("THE DELPHI ACADEMY OF FLORIDA"); A DAY SCHOOL IN SAN DIEGO, CALIFORNIA ("THE DELPHI ACADEMY OF SAN DIEGO"); A DAY SCHOOL IN SAN MARCOS, CALIFORNIA ("THE DELPHI ACADEMY OF SAN MARCOS"); AND A DAY SCHOOL IN CHICAGO, ILLINOIS ("DELPHI ACADEMY OF CHICAGO").

IN FULFILLING ITS EXEMPT PURPOSE DURING 2006, DELPHI SCHOOLS, INC., CONTINUED DEVELOPMENT AND OPERATION OF THE DELPHI PROGRAM.

TO FULFILL ITS EXEMPT PURPOSE IN THE FUTURE, DELPHI SCHOOLS, INC., WILL CONTINUE WITH THE DEVELOPMENT AND OPERATION OF THE DELPHI PROGRAM, THE IMPROVEMENT OF COURSE OFFERINGS AT ITS FOUR OWNED SCHOOLS, AND THE EXPANSION OF THE NUMBER AND TYPE OF NON-OWNED RECIPIENTS OF THE DELPHI PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		12,695,750.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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**EXPLANATION**

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DELPHI SCHOOLS, INC., IS AN OREGON NONPROFIT CORPORATION, ORGANIZED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES. IT IS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.

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FORM 990	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS IN RARE COINS	MARKET VALUE	7,024.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		7,024.

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FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
ACCRUED INTEREST	4,298.
RENT RECEIVABLE	18,125.
SECURITY DEPOSIT	10,500.
LICENSE FEE RECEIVABLE	16,560.
OTHER RECEIVABLES	260,336.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	309,819.

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FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 12

## LENDER'S NAME

## TERMS OF REPAYMENT

CANON, INC

\$6,528 ANNUALLY

DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

02/22/02

01/22/07

28,139.

6.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

CANON COPIER IR550

PURCHASE COPIER

RELATIONSHIP OF LENDER

UNRELATED PARTY

DESCRIPTION OF CONSIDERATION

FMV OF  
CONSIDERATION

BALANCE DUE

0.

0.

## LENDER'S NAME

## TERMS OF REPAYMENT

CANON, INC

\$6,938 ANNUALLY

DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

03/02/05

02/02/10

29,502.

6.57%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

CANON COPIER IR7200

PURCHASE COPIER

RELATIONSHIP OF LENDER

UNRELATED PARTY

DESCRIPTION OF CONSIDERATION

FMV OF  
CONSIDERATION

BALANCE DUE

0.

19,788.

LENDER'S NAME		TERMS OF REPAYMENT	
CANON, INC		\$5,568 ANNUALLY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/10/06	10/09/11	23,246.	7.34%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
CANON COPIER IR6570		PURCHASE COPIER	
RELATIONSHIP OF LENDER			
UNRELATED PARTY			
DESCRIPTION OF CONSIDERATION		FMV OF CONSIDERATION	BALANCE DUE
		0.	22,600.

LENDER'S NAME		TERMS OF REPAYMENT	
CANON, INC		\$1,209 ANNUALLY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/10/06	08/09/11	5,139.	6.58%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
CANON COPIER 2020I		PURCHASE COPIER	
RELATIONSHIP OF LENDER			
UNRELATED PARTY			
DESCRIPTION OF CONSIDERATION		FMV OF CONSIDERATION	BALANCE DUE
		0.	4,846.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

47,234.

FORM 990	OTHER SECURITIES	STATEMENT 13
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CERTIFICATES OF DEPOSIT	FMV	95,780.
TO FORM 990, LINE 54B, COL B		95,780.

FORM 990	PUBLICLY-TRADED SECURITIES	STATEMENT 14
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE DEBT SECURITIES	FMV		120,431.		120,431.
MUTUAL FUNDS	FMV			152,571.	152,571.
EQUITY SECURITIES	FMV			67,643.	67,643.
TO FORM 990, LINE 54A, COL B			120,431.	220,214.	340,645.



FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 15  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GREGORY OTT 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	PRESIDENT 50.00	123,202.	3,834.	0.
ROSEMARY DIDEAR 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	VICE PRESIDENT 60.00	78,667.	2,885.	0.
ALAN ROTHE 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	VICE PRESIDENT 50.00	85,167.	3,804.	0.
ELLEN GARRISON 13526 VIA SANTA CLARA SYLMAR, CA 91342	DIRECTOR FOR DAY SCHOOLS 55.00	67,300.	2,799.	0.
JOHN NOSKO 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	SECRETARY/TREASURER 50.00	77,228.	2,877.	0.
JANET HOLLANDER 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	DEAN, SHERIDAN 50.00	70,464.	2,871.	0.
MARK SIEGEL 20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378	PUBLIC AFFAIRS, DELPHI SCHOOLS, INC 50.00	70,777.	2,872.	0.
MARIA AGRILLO 890 POMEROY SANTA CLARA, CA 95051	HEAD OF ADMISSIONS, SANTA CLARA 50.00	41,875.	4,596.	0.
KAREN DALE 11341 BRAINARD AVENUE LAKE VIEW TERRACE, CA 91342	BUSINESS MANAGER, LOS ANGELES 50.00	31,008.	180.	0.
MARCY GREEN 890 POMEROY SANTA CLARA, CA 95051	HEADMISTRESS, SANTA CLARA 55.00	53,498.	3,204.	0.

HEATHER KERTCHEM	DEP. DIRECTOR OF CURRICULUM DSI	50.00	53,967.	2,899.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
JEANNE MCKEVITT	HEAD OF FINANCE, DSI	50.00	50,341.	2,881.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
JULIE NOSKO	BUSINESS MANAGER, SHERIDAN	50.00	47,782.	2,871.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
SUZAN OTT	ADMINISTRATOR, DELPHI SCHOOLS	45.00	41,580.	3,802.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
DONETTA PHELPS	HEAD OF ADMISSIONS, SHERIDAN	50.00	70,223.	2,872.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
MARY REINHART	HEADMISTRESS, LOS ANGELES	55.00	50,400.	180.	0.
11341 BRAINARD AVENUE LAKE VIEW TERRACE, CA 91342					
GERALD RIPP	ESTATES MANAGER, SHERIDAN	50.00	56,659.	2,861.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
LINDA SIEGEL	DEAN OF STUDENTS, SHERIDAN	55.00	56,817.	2,861.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
LESLIE TOTH	HEADMISTRESS, SANTA MONICA	55.00	49,671.	180.	0.
1229 4TH STREET SANTA MONICA, CA 90401					
SUZAN WEHNER	DEAN, SANTA CLARA	50.00	39,643.	0.	0.
890 POMEROY SANTA CLARA, CA 95051					
MARTI WIGGINS	HEAD OF RE-ENROLLMENT, SHERIDAN	50.00	55,925.	2,861.	0.
20950 SW ROCK CREEK ROAD SHERIDAN, OR 97378					
TOTALS INCLUDED ON FORM 990, PART V-A			<u>1,272,194.</u>	<u>54,190.</u>	<u>0.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ORGANIZATION'S ACTIVITIES FURTHER ITS EXEMPT PURPOSE BY PROVIDING EDUCATIONAL INSTRUCTION TO YOUNG STUDENTS. FINANCIAL AID AND SCHOLARSHIPS: THE ORGANIZATION INVITES ALL STUDENTS TO APPLY FOR FINANCIAL AID AND SCHOLARSHIPS, IN THE FORM OF TUITION DISCOUNTS, ON A RACIALLY NONDISCRIMINATORY BASIS. AN INDEPENDENT NATIONAL ORGANIZATION EVALUATES EACH STUDENT'S APPLICATION ON THE BASIS OF FINANCIAL NEED. FOR THE 2006-2007 SCHOOL YEAR, THE ORGANIZATION OFFERED 104 ELIGIBLE STUDENTS A TOTAL OF \$571,691 IN FINANCIAL AID AND SCHOLARSHIPS. FINANCIAL AID AND SCHOLARSHIPS ARE BASED ON NEED AND ACADEMIC MERIT. NO CASH PAYMENTS OR GRANTS WERE MADE TO ANY STUDENT.
93B	THE ORGANIZATION'S BOARDING SCHOOL ACTIVITIES FURTHER ITS EXEMPT PURPOSES BY PROVIDING THE FACILITY WHERE EDUCATIONAL ACTIVITIES ARE CARRIED ON.
93C	THE ORGANIZATION'S YEARBOOK AND MISCELLANEOUS ACTIVITIES FEES RESULT FROM STUDENT SERVICES WHICH ARE AN INTEGRAL PART OF ITS OVERALL EDUCATIONAL PROGRAMS.
93D	THE ORGANIZATION'S BOOK SALES FURTHER ITS EXEMPT PURPOSES BY PROVIDING EDUCATIONAL INSTRUCTIONAL MATERIALS TO STUDENTS AND OTHER SCHOOLS.
100	THE ORGANIZATION'S LOSS WAS FROM THE SALE OF MISCELLANEOUS FIXED ASSETS USED BY THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PURPOSE.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 17

DELPHI SCHOOLS, INC.'S EMPLOYEES ARE REQUIRED TO ACCEPT ROOM AND BOARD ON ITS PREMISES AS A CONDITION OF THEIR EMPLOYMENT. THE TREASURY REGULATIONS ON INCOME TAX (1986 CODE) STATE THAT THE VALUE OF SUCH ITEMS ARE TO BE REPORTED ON FORM 990 ONLY TO THE EXTENT THAT SUCH AMOUNTS ARE INCLUDIBLE IN THE GROSS INCOME OF EMPLOYEES. SECTION 119 OF THE INTERNAL REVENUE CODE OF 1986 EXCLUDES SUCH AMOUNTS FROM THE GROSS INCOME OF DELPHI SCHOOLS, INC.'S EMPLOYEES; THEREFORE, THE VALUE OF ROOM AND BOARD HAS NOT BEEN DEVELOPED OR REPORTED (NOR HAS IT BEEN DEVELOPED OR REPORTED IN COLUMN E, PART V OF FORM 990 -- COLUMN E, PART I OF SCHEDULE A).

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 18

SUZAN OTT, DEVELOPMENT OFFICER, OFFICER'S SPOUSE: \$41,458  
TREVOR OTT, TEACHER, OFFICER'S SON: \$25,025  
APRIL DENNY OTT, MARKETING, OFFICER'S DAUGHTER-IN-LAW: \$20,157  
NOWELL DIDEAR, CURRICULUM DVLPMT SPECIALIST, OFFICER'S SPOUSE: \$17,081  
JOELLE ROTHE, TEACHER, OFFICER'S SPOUSE: \$12,888  
JULIE NOSKO, BUSINESS MANAGER, OFFICER'S SPOUSE: \$47,782

**DELPHI SCHOOLS, INC.**  
**93-0630376**  
**DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT**  
**YEAR-END 12/31/06**

<b>DESCRIPTION</b>	<b>CURRENT YEAR DEPRECIATION</b>
FURNITURE AND FIXTURES	9,811
EQUIPMENT	112,625
LEASEHOLD IMPROVEMENTS	104,076
TOTAL TO FORM 990, PART II, LINE 42	<u>226,512</u>

<b>DESCRIPTION</b>	<b>COST OR OTHER BASIS</b>	<b>ACCUMULATED DEPRECIATION</b>	<b>BOOK VALUE</b>
FURNITURE AND FIXTURES	314,516	284,914	29,602
EQUIPMENT	1,193,107	784,169	408,938
LEASEHOLD IMPROVEMENTS	1,565,815	998,806	567,009
TOTAL TO FORM 990, PART IV, LINE 57	<u>3,073,438</u>	<u>2,067,889</u>	<u>1,005,549</u>