

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

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

OMB No 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**Daisy Education Corporation**

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

2325 W Sunset Rd

Room/suite

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

Tucson, AZ 85704**D** Employer identification number**86-0990917****E** Telephone number**520-797-9836****F** Accounting method ☐ Cash ☒ Accrual
(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: ▶ **N/A****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.**M** Check ☒ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,436,354.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	23,829.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 23,829. noncash \$)	1e	23,829.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	6,412,525.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,436,354.		
Expenses	13	Program services (from line 44, column (B))	13	4,933,422.	
	14	Management and general (from line 44, column (C))	14	1,328,059.	
	15	Fundraising (from line 44, column (D))	15	24,606.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 13 and 14, column (A)	17	6,286,087.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	150,267.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,447,589.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,597,856.	

723001
12-27-07

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

Form 990 (2007)

SCANNED FEB 24 2009

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
22a 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"/>				
22b 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"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,775,162.	2,164,626.	610,536.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	429,925.	318,145.	107,481.	4,299.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	133,175.	118,226.	14,202.	747.
34 Telephone	32,931.	16,466.	16,136.	329.
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	61,758.	6,793.	54,347.	618.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	555,380.	433,196.	116,630.	5,554.
43 Other expenses not covered above (itemize): a _____ b _____ c _____ d _____ e _____ f _____				
g See Statement 1	2,297,756.	1,875,970.	408,727.	13,059.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,286,087.	4,933,422.	1,328,059.	24,606.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ 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? ► Elementary and Secondary Education		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a	Elementary and Secondary education	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,933,422.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,933,422.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	555,886.	45	166,202.	
	46 Savings and temporary cash investments	5,826,102.	46		
	47 a Accounts receivable	16,929.			
	b Less: allowance for doubtful accounts		47c	16,929.	
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		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				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55 a Investments - land, buildings, and equipment - basis					
b Less: accumulated depreciation		55c			
56 Investments - other	See Statement 2	978,789.	56	915,985.	
57 a Land, buildings, and equipment - basis	14,525,016.				
b Less: accumulated depreciation Stmt 3	1,108,127.	6,795,494.	57c	13,416,889.	
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		14,168,447.	59	14,516,005.	
Liabilities	60 Accounts payable and accrued expenses	263,237.	60	627,285.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	12,457,621.	64b	12,290,864.	
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities. Add lines 60 through 65		12,720,858.	66	12,918,149.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,447,589.	67	1,597,856.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,447,589.	73	1,597,856.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		14,168,447.	74	14,516,005.

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

a	Total revenue, gains, and other support per audited financial statements		a	6,436,354.
b	Amounts included on line a but not on Part I, line 12.			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	6,436,354.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	6,436,354.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	6,286,087.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	6,286,087.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	6,286,087.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Abdullah Yilmaz 2255 W Ina Rd Tucson, AZ	Director 0.00	0.	0.	0.
Metin Yildirim 2255 W Ina Rd Tucson, AZ	Director 0.00	0.	0.	0.
Akif Baysal 2255 W Ina Rd Tucson, AZ	Director 0.00	0.	0.	0.
Emri Araci 2255 W Ina Rd Tucson, AZ	Director 0.00	0.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
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.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed AZ		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	97
91 a	The books are in care of Adam Oksuz Telephone no. 520 797-9836		
	Located at 2325 W Sunset Tucson AZ ZIP + 4 85741		
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 N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b			X

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

93 Program service revenue:

a See Statement 4

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate.

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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).

Elementary and secondary education

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
	%	Elementary and		
	%	secondary education		
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

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

☐ Yes☒ No

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

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	----- ----- -----			
Totals				

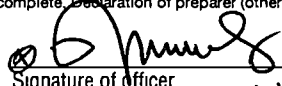
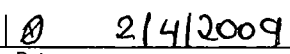
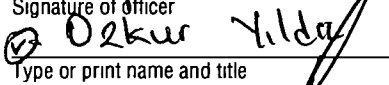

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

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

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
-----	----

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		 Date	
Paid Preparer's Use Only	 Type or print name and title		Superintendent	
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 Loren Yunk CPA PC 1700 E Ft Lowell #107 Tucson AZ 85719	Date 2/20/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) EIN <input type="checkbox"/> Phone no. 520 881-3734

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

2007

Name of the organization

Daisy Education Corporation

Employer identification number

86 0990917

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) 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 ▶	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	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**

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year			N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f 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			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 of the instructions.)

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,660,889.	3,847,036.	2,676,932.	1,916,445.	13,101,302.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,660,889.	3,847,036.	2,676,932.	1,916,445.	13,101,302.
24 Line 23 minus line 17	4,660,889.	3,847,036.	2,676,932.	1,916,445.	13,101,302.
25 Enter 1% of line 23	46,609.	38,470.	26,769.	19,164.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 262,026.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,101,302.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e 13,101,302.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 100.0000%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2006)	(2005)	(2004)	(2003)	
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: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.)

N/A

(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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
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 -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
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 14 of the instructions.)

N/A

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

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

Yes	No	Amount
		0.

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

Exempt Organizations (See page 14 of the instructions.)

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

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

a(ii)	X
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b(i)	X
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b(ii)		X
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b(iii)		X
--------	--	---

b(iv)		X
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b(v)		X
------	--	---

b(vi)		X
-------	--	---

C		X
---	--	---

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

N/A

723152
12-27-07 Schedule A (Form 990 or 990-EZ) 2007

2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Furn & Fix	123101SL		7.00	16	2,166.			2,166.	1,571.		309.
2	Comp & software	123101SL		5.00	16	640.			640.	587.		0.
3	Comp & software	123101SL		5.00	16	30,864.			30,864.	30,864.		0.
4	Text books	123101SL		3000M	16	31,684.			31,684.	31,684.		0.
5	Network	123101SL		3.00	16	1,458.			1,458.	1,458.		0.
6	Microscopes	123101SL		5.00	16	1,144.			1,144.	1,144.		0.
7	Furn & Fix	123102SL		7.00	16	1,658.			1,658.	1,264.		237.
8	Cap leased equip	123101SL		5.00	16	5,600.			5,600.	5,600.		0.
9	Furn & Fix	123102SL		5.00	16	12,138.			12,138.	10,926.		1,212.
10	Leaseholds	123102SL		3.00	16	14,540.			14,540.	14,540.		0.
11	Equipment	123102SL		5.00	16	22,846.			22,846.	20,561.		2,285.
12	Furn & Fix	123102SL		3.00	16	12,763.			12,763.	12,763.		0.
13	Leaseholds	123102SL		5.00	16	37,534.			37,534.	33,781.		3,753.
14	Projector	123101SL		7.00	16	2,000.			2,000.	1,430.		286.
15	Text books	123102SL		3.00	16	27,591.			27,591.	27,591.		0.
16	Text books	063003SL		3.00	16	15,816.			15,816.	15,816.		0.
17	Furn & Fix	063003SL		5.00	16	1,022.			1,022.	816.		206.
18	Leaseholds SSA	010104SL		3.00	16	5,787.			5,787.	5,787.		0.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	Equipment SSA	010104SL		5.00	16	18,309.			18,309.	12,817.		3,662.
20	Text Books SSA	010104SL		3.00	16	12,464.			12,464.	12,464.		0.
21	Furn & Fix SSA	010104SL		7.00	16	1,114.			1,114.	557.		159.
22	Leaseholds SSA	010104SL		3.00	16	26,646.			26,646.	26,646.		0.
23	Equipment DELA	010104SL		5.00	16	1,514.			1,514.	1,061.		303.
24	Furn & Fix DELA	010104SL		7.00	16	18,993.			18,993.	9,495.		2,713.
25	Leaseholds Dela	010104SL		3.00	16	9,000.			9,000.	9,000.		0.
26	Equipment Phx	063004SL		5.00	16	22,078.			22,078.	13,248.		4,416.
27	Furn & Fix PHX	063004SL		7.00	16	8,647.			8,647.	3,705.		1,235.
28	Furn & Fix SSA	010104SL		7.00	16	20,917.			20,917.	10,458.		2,988.
29	Improvements Tucson	063005SL		30.00	16	975.			975.	33.		33.
30	Land	042205L				494,106.			494,106.			0.
31	Furn and Fix Tucson	123104SL		7.00	16	6,489.			6,489.	1,855.		927.
32	Leaseholds tucson	123104SL		3.00	16	3,595.			3,595.	2,396.		599.
33	Equipment Tucson	123104SL		5.00	16	48,290.			48,290.	19,316.		9,658.
34	Text books Tucson	090104SL		3.00	16	42,048.			42,048.	37,376.		2,336.
35	Improvements PHX	123104SL		5.00	16	4,462.			4,462.	1,784.		892.
36	Equipment PHX	123104SL		5.00	16	5,897.			5,897.	2,359.		1,179.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	Textbooks PHX	123104SL		3.00	16	4,338.			4,338.	2,892.		723.
38	Software PHX	123104SL		3.00	16	4,945.			4,945.	3,296.		824.
39	Equip Tucson	063005SL		3.00	16	1,791.			1,791.	597.		597.
40	SSA PHX Bldg	010106SL		39.00	16	25,000.			25,000.	641.		641.
41	SSA PHX Equip	010106SL		5.00	16	7,681.			7,681.	2,304.		1,536.
42	SSA PHX F F	010106SL		5.00	16	11,305.			11,305.	3,392.		2,261.
43	SSA PHX Software	010106SL		3.00	16	1,951.			1,951.	975.		650.
44	SSA PHX Textbooks	010106SL		3.00	16	24,858.			24,858.	12,429.		8,286.
45	SSA PHX Playgrnd equip	100105SL		5.00	16	17,820.			17,820.	6,237.		3,564.
46	SSA PHX Bldg	010106SL		39.00	16	31,060.			31,060.	1,194.		796.
47	SSA PHX Bldg	010106SL		39.00	16	1452818.			1452818.	55,878.		37,252.
48	Land	010106L				363,204.			363,204.			0.
49	SSA PHX Bldg	010106SL		39.00	16	29,388.			29,388.	1,131.		754.
50	SSA Tucson Equip	010106SL		5.00	16	11,832.			11,832.	3,549.		2,366.
51	SSA Tucson F F	010106SL		5.00	16	6,333.			6,333.	1,900.		1,267.
52	SSA Tucson Textbooks	010106SL		3.00	16	47,641.			47,641.	23,820.		15,880.
53	SSA Tucson leasehold imp	010106SL		2.00	16	4,235.			4,235.	3,177.		1,058.
57	DELA Software	101305SL		3.00	16	1,920.			1,920.	1,119.		640.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
58	DELA Equip	0921105SL		5.00	16	348.			348.	122.		70.
59	DELA F F	1001105SL		5.00	16	1,345.			1,345.	471.		269.
60	DELA Leasehold	0713105SL		2.00	16	1,500.			1,500.	1,500.		0.
61	Adj to GL	063006L				<1,818.>			<1,818.>			0.
62	DELA Equip	0719106SL		3.00	16	546.			546.	167.		182.
63	SSA PHX Leaseholds	043007SL		5.00	16	20,325.			20,325.	678.		4,065.
64	SSA PHX Equip	0901106SL		5.00	16	8,081.			8,081.	1,347.		1,616.
65	SSA PHX textbooks	0701106SL		3.00	16	6,301.			6,301.	2,100.		2,100.
66	SSA Tucson Equip	0110107SL		5.00	16	9,027.			9,027.	903.		1,805.
67	SSA Tucson Textbooks	0801106SL		3.00	16	99,327.			99,327.	30,350.		33,109.
68	SSA Tucson F F	0110107SL		5.00	16	57,383.			57,383.	5,738.		11,477.
69	SSA Tucson Software	120506SL		3.00	16	1,581.			1,581.	307.		527.
70	SSA Tucson Leasehold imp	070306SL		3.00	16	5,339.			5,339.	1,780.		1,780.
73	SSA Tucson Land	0110107L				1556109.			1556109.			0.
74	DELA Play systems	051508SL		5.00	16	48,000.			48,000.			1,600.
75	SSA PHX Bldg	081507SL		39.00	16	7,871.			7,871.			185.
76	SSA PHX Textbooks	083007SL		3.00	16	71,951.			71,951.			19,986.
77	SSA PHX Equip	1231107SL		5.00	16	8,487.			8,487.			849.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
78	SSA PHX Bldg	063008SL		39.00	16	169,928.			169,928.			0.
79	SSA Tucson Bldgs	100107SL		39.00	16	1436543.			1436543.			27,626.
80	SSA Tucson Bldgs	100107SL		39.00	16	7399133.			7399133.			230,756.
81	SSA Tucson Textbooks	081507SL		3.00	16	180,484.			180,484.			55,148.
82	SSA Tucson Bldgs	123107SL		5.00	16	207,207.			207,207.			22,968.
83	SSA Tucson Equip	040108SL		5.00	16	3,095.			3,095.			155.
84	SSA Tucson Bldgs Int Cap	100107SL		39.00	16	152,016.			152,016.			2,923.
85	SSA Tucson Textbooks	063008SL		3.00	16	888.			888.			0.
86	SSA Tucson Equip	070107SL		3.00	16	53,104.			53,104.			17,701.
	* Total 990 Page 2 Depr					14525016.		0.	14525016.	552,747.	0.	555,380.

Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Office Expense	92,670.	82,477.	9,267.	926.
Misc	0.			
Insurance	42,593.	38,760.	3,407.	426.
Fingerprinting	1,276.	1,148.	128.	
Advertising	52,297.	10,982.	40,792.	523.
Bank Fees	865.		865.	
Consulting	28,059.	18,519.	9,540.	
Contract Labor	178,691.	173,330.	5,361.	
Dues	27,215.	15,513.	11,702.	
Prof fees	21,479.	4,296.	16,968.	215.
Student food	131,163.	131,163.		
Utilities	128,349.	115,514.	12,835.	
Website	0.			
Other Program costs	0.			
Permits	0.			
Personal injury settelments	0.			
Publications	12,155.	6,928.	5,105.	122.
Fundraising costs	0.			
Interest	574,012.	447,729.	120,543.	5,740.
Legal Fees	64,252.		64,252.	
Repairs	81,538.	72,569.	8,969.	
Training	67,817.	67,817.		
Postage	23,658.	4,968.	18,690.	
Printing	59,179.	31,365.	27,222.	592.
Extr carricular activities	259,035.	259,035.		
Penalties	2,409.	1,783.	602.	24.
Prop tax	10,979.	2,196.	8,673.	110.
Rents	438,065.	389,878.	43,806.	4,381.
Total to Fm 990, ln 43	2,297,756.	1,875,970.	408,727.	13,059.

Form 990	Other Investments		Statement 2
Description	Valuation Method	Amount	
Other Recievable	Cost	2,122.	
Compensatory Balance Bonds	Cost	913,863.	
Total to Form 990, Part IV, line 56, Column B		915,985.	

Form 990 Depreciation of Assets Not Held for Investment Statement 3

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Furn & Fix	2,166.	1,880.	286.
Comp & software	640.	587.	53.
Comp & software	30,864.	30,864.	0.
Text books	31,684.	31,684.	0.
Network	1,458.	1,458.	0.
Microscopes	1,144.	1,144.	0.
Furn & Fix	1,658.	1,501.	157.
Cap leased equip	5,600.	5,600.	0.
Furn & Fix	12,138.	12,138.	0.
Leaseholds	14,540.	14,540.	0.
Equipment	22,846.	22,846.	0.
Furn & Fix	12,763.	12,763.	0.
Leaseholds	37,534.	37,534.	0.
Projector	2,000.	1,716.	284.
Text books	27,591.	27,591.	0.
Text books	15,816.	15,816.	0.
Furn & Fix	1,022.	1,022.	0.
Leaseholds SSA	5,787.	5,787.	0.
Equipment SSA	18,309.	16,479.	1,830.
Text Books SSA	12,464.	12,464.	0.
Furn & Fix SSA	1,114.	716.	398.
leaseholds SSA	26,646.	26,646.	0.
Equipment DELA	1,514.	1,364.	150.
Furn & Fix DELA	18,993.	12,208.	6,785.
Leaseholds Dela	9,000.	9,000.	0.
Equipment Phx	22,078.	17,664.	4,414.
Furn & Fix PHX	8,647.	4,940.	3,707.
Furn & Fix SSA	20,917.	13,446.	7,471.
Improvements Tucson	975.	66.	909.
Land	494,106.	0.	494,106.
Furn and Fix Tucson	6,489.	2,782.	3,707.
Leaseholds tucson	3,595.	2,995.	600.
Equipment Tucson	48,290.	28,974.	19,316.
Text books Tucson	42,048.	39,712.	2,336.
Improvements PHX	4,462.	2,676.	1,786.
Equipment PHX	5,897.	3,538.	2,359.
Textbooks PHX	4,338.	3,615.	723.
Software PHX	4,945.	4,120.	825.
Equip Tucson	1,791.	1,194.	597.
SSA PHX Bldg	25,000.	1,282.	23,718.
SSA PHX Equip	7,681.	3,840.	3,841.
SSA PHX F F	11,305.	5,653.	5,652.
SSA PHX Software	1,951.	1,625.	326.
SSA PHX Texrbooks	24,858.	20,715.	4,143.
SSA PHX Playgrnd equip	17,820.	9,801.	8,019.
SSA PHX Bldg	31,060.	1,990.	29,070.

SSA PHX Bldg	1,452,818.	93,130.	1,359,688.
Land	363,204.	0.	363,204.
SSA PHX Bldg	29,388.	1,885.	27,503.
SSA Tucson Equip	11,832.	5,915.	5,917.
SSA Tucson F F	6,333.	3,167.	3,166.
SSA Tucson Textbooks	47,641.	39,700.	7,941.
SSA Tucson leasehold imp	4,235.	4,235.	0.
DELA Software	1,920.	1,759.	161.
DELA Equip	348.	192.	156.
DELA F F	1,345.	740.	605.
DELA Leasehold	1,500.	1,500.	0.
Adj to GL	<1,818.>	0.	<1,818.>
DELA Equip	546.	349.	197.
SSA PHX Leaseholds	20,325.	4,743.	15,582.
SSA PHX Equip	8,081.	2,963.	5,118.
SSA PHX textbooks	6,301.	4,200.	2,101.
SSA Tucson Equip	9,027.	2,708.	6,319.
SSA Tucson Textbooks	99,327.	63,459.	35,868.
SSA Tucson F F	57,383.	17,215.	40,168.
SSA Tucson Software	1,581.	834.	747.
SSA Tucson Leasehold imp	5,339.	3,560.	1,779.
SSA Tucson Land	1,556,109.	0.	1,556,109.
DELA Play systems	48,000.	1,600.	46,400.
SSA PHX Bldg	7,871.	185.	7,686.
SSA PHX Textbooks	71,951.	19,986.	51,965.
SSA PHX Equip	8,487.	849.	7,638.
SSA PHX Bldg	169,928.	0.	169,928.
SSA Tucson Bldgs	1,436,543.	27,626.	1,408,917.
SSA Tucson Bldgs	7,399,133.	230,756.	7,168,377.
SSA Tucson Textbooks	180,484.	55,148.	125,336.
SSA Tucson Bldgs	207,207.	22,968.	184,239.
SSA Tucson Equip	3,095.	155.	2,940.
SSA Tucson Bldgs Int Cap	152,016.	2,923.	149,093.
SSA Tucson Textbooks	888.	0.	888.
SSA Tucson Equip	53,104.	17,701.	35,403.
Total to Form 990, Part IV, ln 57	14,525,016.	1,108,127.	13,416,889.

Form 990	Program Service Revenue				Statement	4
Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income	
ADE Tuition					4,565,856.	
Early Learning Tuitions					657,430.	
Food service sales					70,329.	
Prop 301 State Funds					370,420.	
Other					748,490.	
Other						
To Form 990, Part VII, line 93					6,412,525.	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

2007Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Daisy Education Corporation**Form 990 Page 2****86-0990917****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	555,380.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	555,380.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year

43 Amortization of costs that began before your 2007 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	Daisy Education Corporation	86-0990917
	Number, street, and room or suite no. If a P O box, see instructions	
	2255 W. Ina Rd.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Tucson, AZ 85704	

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

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

- The books are in the care of ▶ **Adam Oksuz**

Telephone No ▶ **520 797-9836**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **February 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year _____ or▶ ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)