

Form **990**

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)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

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

C Name of organization: EDUCATIONAL HORIZONS, INC.
 Number and street (or P O box if mail is not delivered to street address): P.O. BOX 372478
 Room/suite:
 City or town, state or country, and ZIP + 4: SATELLITE BEACH FL 32937-0478

D Employer identification no.: 59-3405435

E Telephone number: 321-779-0031

F Accounting method: Cash Accrual Other (specify)

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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 441,840

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 ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	2,281
	b Indirect public support	1b	
	c Government contributions (grants)	1c	30,365
	d Total (add lines 1a through 1c) (cash \$ <u>32,646</u> noncash \$ _____)	1d	32,646
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	408,968
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	226
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe ▶ _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	(B) Other	8b	
		8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a Gross sales of inventory, less returns and allowances		10a	
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	441,840	
Expenses	13 Program services (from line 44, column (B))	13	296,342
	14 Management and general (from line 44, column (C))	14	120,563
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	416,905
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	24,935	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	79,183
	20 Other changes in net assets or fund balances (attach explanation)	20	-20,879
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	83,239

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SEE STATEMENT 1

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26	208,303	169,641	38,662	
27	Pension plan contributions	27				
28	Other employee benefits	28	2,596	2,596		
29	Payroll taxes	29	18,597	14,995	3,602	
30	Professional fundraising fees	30				
31	Accounting fees	31	8,510		8,510	
32	Legal fees	32	2,306	2,306		
33	Supplies	33	24,732	19,879	4,853	
34	Telephone	34	932	932		
35	Postage and shipping	35				
36	Occupancy	36	64,539	64,539		
37	Equipment rental and maintenance	37	8,015	8,015		
38	Printing and publications	38	1,744	1,744		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,532	268	1,264	
43	Other expenses not covered above (itemize).					
a	SEE STATEMENT 2	43a	75,099	11,427	63,672	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	416,905	296,342	120,563	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 No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose?

► PRESCHOOL & ELEMENTARY EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others.)

a PROVIDES EDUCATION AND DAYCARE TO PRESCHOOL & ELEMENTARY CHILDREN.

(Grants and allocations \$) If this amount includes foreign grants, check here 296,342

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)

296,342

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash-non-interest-bearing	50,384	45	69,635
	46	Savings and temporary cash investments	8,702	46	13,560
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment: basis	13,121		
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 3	10,837	24,883	55c
56	Investments-other (attach schedule)			56	
57a	Land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)			57c	
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 4)			58	2,631
59	Total assets (must equal line 74) Add lines 45 through 58.	83,969	59		88,110
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)	4,786	65	
66	Total liabilities. Add lines 60 through 65	4,786	66		4,871
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	75,792	67	79,411
	68	Temporarily restricted	3,391	68	3,828
	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, column (B) must equal line 21)	79,183	73		83,239
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	83,969	74		88,110

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

a	Total revenue, gains, and other support per audited financial statements		a	
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	
c	Subtract line b from line a		c	
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	
e	Total revenue (Part I, line 12) Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not 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	
c	Subtract line b from line a		c	
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	
e	Total expenses (Part I, line 17) Add lines c and d		e	

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) Contnb to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CYNTHIA THOMAS 3219 S ATLANTIC AVE COCOA BEACH FL	PRESIDENT 0	0	0	0
ALBERT THOMAS 3219 S ATLANTIC AVE COCOA BEACH FL	TREASURER 0	0	0	0
BARBARA MCKNAB 21 EMERALD COURT SATELLITE BEACH FL	SECRETARY 0	0	0	0

Part VI Other Information (continued)

		Yes	No									
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X									
b	If "Yes," you indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)											
82b												
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X										
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X										
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?											
N/A		84b										
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?											
N/A		85a										
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.											
N/A		85b										
c	Dues, assessments, and similar amounts from members	85c										
d	Section 162(e) lobbying and political expenditures	85d										
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e										
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f										
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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) orgs. Enter a Initiation fees and capital contributions included on line 12	86a										
b	Gross receipts, included on line 12, for public use of club facilities	86b										
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b										
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X									
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0											
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X									
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958	▶ 0										
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0										
90a	List the states with which a copy of this return is filed ▶ FL											
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	12									
91a	The books are in care of ▶ CYNTHIA THOMAS 1869 S. PATRICK DR Located at ▶ INDIAN HARBOUR BEACH, FL	Telephone no. ▶ 321-779-0031 ZIP + 4 ▶ 32937										
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If " Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>91b</td> <td></td> <td>X</td> </tr> <tr> <td>91c</td> <td></td> <td>X</td> </tr> </tbody> </table>			Yes	No	91b		X	91c		X
	Yes	No										
91b		X										
91c		X										
c	If "Yes," enter the name of the foreign country ▶											
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92 <input type="checkbox"/>										

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					408,968
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	226	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		226	408,968
105 Total (add line 104, columns (B), (D), and (E))					409,194

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93G	SCHOOL BOARD FEES ARE AN ESSENTIAL PART OF THE SUPPORT OF STUDENTS WHICH RELATES TO THE EXEMPT PURPOSE OF THE ORGANIZATION.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished to me, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

[Signature]
Signature of officer

Albert M Thomas
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4
CEROW AND COMPANY,
1801 SARNO ROAD, S
MELBOURNE, FL 329

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

EDUCATIONAL HORIZONS, INC.

Employer identification number

59-3405435

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, property transactions, and grants.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box)

- List of reasons for non-private foundation status including: 5. A church, convention of churches... 6. A school... 10. An organization operated for the benefit of a college or university... 11a. An organization that normally receives a substantial part of its support from a governmental unit... 11b. A community trust... 12. An organization that normally receives: (1) more than 33 1/3% of its support from contributions... 13. An organization that is not controlled by any disqualified persons...

Provide the following information about the supported organizations. (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. b Prepare a list for your records to show the name of and amount contributed by each person... c Total support for section 509(a)(1) test: Enter line 24, column (e). d Add: Amounts from column (e) for lines: 18, 19, 22, 26b. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year: (2004), (2003), (2002), (2001). 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. c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21. d Add: Line 27a total. and line 27b total. e Public support (line 27c total minus line 27d total). f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		X
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) THE ORGANIZATION SPECIFICALLY STATES ITS NONDISCRIMINATORY POLICY ON SCHOOL BROCHURES, NOTICES PUBLISHED BY THE BREVARD COUNTY SCHOOL BOARD AND IN ALL OF ITS PUBLISHED ADVERTISEMENTS.	X	
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?		X
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) SEE STATEMENT 8		
33 Does the organization discriminate by race in any way with respect to.		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **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 through c h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines through c h.)

Yes	No	Amount

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

59-3405435

Federal Statements

FYE: 6/30/2006

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

Description	Amount
RECORD PRIOR YEARS DEPRECIATION	\$ -9,305
ABANDONED FIXED ASSETS	-11,574
TOTAL	<u>\$ -20,879</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
ADMINISTRATIVE EXPENSES	1,235		1,235	
BANK CHARGES	60		60	
ADVERTISING	39		39	
INSURANCE EXPENSE	7,592		7,592	
MANAGEMENT FEE	53,012		53,012	
TRAINING EXPENSE	3,598	3,598		
STUDENT ACTIVITIES	1,226	1,226		
TAXES - OTHER	61		61	
WORKERS COMP INSURANCE	3,650	2,953	697	
PAYROLL SERVICE FEES	4,626	3,650	976	
TOTAL	<u>\$ 75,099</u>	<u>\$ 11,427</u>	<u>\$ 63,672</u>	<u>\$ 0</u>

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$	\$	\$	\$
BUILDING & LAND				
IMPROVEMENTS	333		333	175
CLASSROOM EQUIPMENT	9,728		3,394	2,858
PLAYGROUND EQUIPMENT	5,759		1,859	1,859
OFFICE EQUIPMENT	9,063		7,535	5,945
TOTAL	<u>\$ 24,883</u>	<u>\$ 0</u>	<u>\$ 13,121</u>	<u>\$ 10,837</u>

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
	\$	\$
CAPITAL OUTLAY RECEIVABLE	0	2,631
TOTAL	<u>\$ 0</u>	<u>\$ 2,631</u>

Federal Statements

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO MANAGEMENT COMPANY	\$ 4,786	\$ 4,871
TOTAL	<u>\$ 4,786</u>	<u>\$ 4,871</u>

Federal Statements

Statement 6 - Form 990, Part V-A, Line 75b - Related Party Information

Name	Business Name	Title	Name
	Business Name	Title	Relationship
CYNTHIA THOMAS	EDUCATIONAL HORIZONS INC	PRESIDENT	ALBERT THOMAS
	EDUCATIONAL HORIZONS INC	TREASURER	MARRIED
ALBERT THOMAS	EDUCATIONAL HORIZONS INC	TREASURER	CYNTHIA THOMAS
	EDUCATIONAL HORIZONS	PRESIDENT	MARRIED

Statement 7 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Related Organization Name1			Related Organization Name2		Compensation Description
	Organization EIN	Relationship	Compensation	Benefits	Expenses	
CYNTHIA THOMAS		COUNTRY DAY FOR CHILDREN INC				
	59-3043127	C.THOMAS: 100% OWNER	2,000	0	0	OFFICER WAGES
CYNTHIA THOMAS		MONTESSORI GROUP INC				
	57-1169280	C.THOMAS: 100% OWNER	71,990	0	0	N/A
CYNTHIA THOMAS		SUNTREE MONTESSORI INC				
	59-3010685	C.THOMAS: 100% OWNER	2,000	0	0	OFFICER WAGES
CYNTHIA THOMAS		ESPECIALLY FOR CHILDREN EAU GALLIE				
	59-3062552	C.THOMAS: 100% OWNER	0	0	0	N/A
ALBERT & CYNTHIA THOMAS		COUNTRY BEGINNINGS OF PALM BAY INC				
	59-3158613	AL/CYNTHIA100%OWNERS	2,000	0	0	CYNTHIA THOMAS WAGES
ALBERT & CYNTHIA THOMAS		ESPECIALLY FOR CHILDREN INC				
	59-2295209	AL/CYNTHIA100%OWNERS	3,379	0	0	CYNTHIA THOMAS WAGES
ALBERT & CYNTHIA THOMAS		ROCKLEDGE MONTESSORI INC				
	59-3705327	AL/CYNTHIA100%OWNERS	2,000	0	0	CYNTHIA THOMAS WAGES

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

Description

THE ORGANIZATION SPECIFICALLY STATES ITS NONDISCRIMINATORY POLICY ON SCHOOL BROCHURES, NOTICES PUBLISHED BY THE BREVARD COUNTY SCHOOL BOARD AND IN ALL OF ITS PUBLISHED ADVERTISEMENTS.

Statement 8 - Schedule A, Part V, Line 32 - Records Maintenance Explanation

Description

THE ORGANIZATION IS DESIGNED FOR VERY YOUNG CHILDREN, NO SCHOLARSHIPS OR ASSISTANCE IS AVAILABLE. THERE HAS BEEN NO SOLICITATIONS FOR SUPPORT.