

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C THE PRENTICE SCHOOL 18341 LASSEN DRIVE SANTA ANA, CA 92705

D Employer Identification Number 33-0120257 E Telephone number 714-538-4511 F Accounting method: Cash, Accrual

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? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one) [X] 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

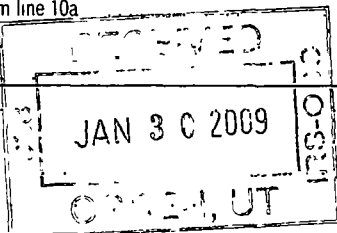
I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 4,779,567.

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

SCANNED FEB 09 2009

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, membership, interest, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.



Handwritten number 617

**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 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 |
|--|--|----------------------|----------------------|----------------------------|-----------------|
| <b>22a</b>   | Grants paid from donor advised funds (attach sch)<br>(cash \$ _____<br>non-cash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>22a</b>           |                      |                            |                 |
| <b>22b</b>   | Other grants and allocations (att sch) SEE STM 4<br>(cash \$ _____<br>non-cash \$ 638,600.)<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>22b</b> 638,600.  | 638,600.             |                            |                 |
| <b>23</b>  | Specific assistance to individuals (attach schedule)   | <b>23</b>            |                      |                            |                 |
| <b>24</b>  | Benefits paid to or for members (attach schedule)  | <b>24</b>            |                      |                            |                 |
| <b>25a</b>   | Compensation of current officers, directors, key employees, etc listed in Part V-A   | <b>25a</b> 114,000.  | 68,400.              | 45,600.                    | 0.              |
| <b>b</b>   | Compensation of former officers, directors, key employees, etc listed in Part V-B  | <b>25b</b> 0.        | 0.                   | 0.                         | 0.              |
| <b>c</b>   | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)     | <b>25c</b> 0.        | 0.                   | 0.                         | 0.              |
| <b>26</b>  | Salaries and wages of employees not included on lines 25a, b, and c  | <b>26</b> 2,228,364. | 1,889,346.           | 339,018.                   |                 |
| <b>27</b>  | Pension plan contributions not included on lines 25a, b, and c   | <b>27</b> 119,416.   | 91,950.              | 27,466.                    |                 |
| <b>28</b>  | Employee benefits not included on lines 25a - 27   | <b>28</b> 198,339.   | 146,293.             | 52,046.                    |                 |
| <b>29</b>  | Payroll taxes  | <b>29</b> 182,426.   | 140,468.             | 41,958.                    |                 |
| <b>30</b>  | Professional fundraising fees  | <b>30</b>            |                      |                            |                 |
| <b>31</b>  | Accounting fees  | <b>31</b> 30,597.    |                      | 30,597.                    |                 |
| <b>32</b>  | Legal fees   | <b>32</b> 16,237.    |                      | 16,237.                    |                 |
| <b>33</b>  | Supplies   | <b>33</b>            |                      |                            |                 |
| <b>34</b>  | Telephone  | <b>34</b> 10,529.    | 7,897.               | 2,632.                     |                 |
| <b>35</b>  | Postage and shipping   | <b>35</b>            |                      |                            |                 |
| <b>36</b>  | Occupancy  | <b>36</b> 241,017.   | 216,916.             | 24,101.                    |                 |
| <b>37</b>  | Equipment rental and maintenance   | <b>37</b> 24,769.    | 18,577.              | 6,192.                     |                 |
| <b>38</b>  | Printing and publications  | <b>38</b>            |                      |                            |                 |
| <b>39</b>  | Travel   | <b>39</b>            |                      |                            |                 |
| <b>40</b>  | Conferences, conventions, and meetings   | <b>40</b> 1,629.     |                      | 1,629.                     |                 |
| <b>41</b>  | Interest   | <b>41</b>            |                      |                            |                 |
| <b>42</b>  | Depreciation, depletion, etc (attach schedule)   | <b>42</b> 140,677.   | 126,000.             | 14,677.                    |                 |
| <b>43</b>  | Other expenses not covered above (itemize)   |                      |                      |                            |                 |
| <b>a</b>   | SEE STATEMENT 5  | <b>43a</b> 338,763.  | 258,840.             | 65,335.                    | 14,588.         |
| <b>b</b>   | -----  | <b>43b</b>           |                      |                            |                 |
| <b>c</b>   | -----  | <b>43c</b>           |                      |                            |                 |
| <b>d</b>   | -----  | <b>43d</b>           |                      |                            |                 |
| <b>e</b>   | -----  | <b>43e</b>           |                      |                            |                 |
| <b>f</b>   | -----  | <b>43f</b>           |                      |                            |                 |
| <b>g</b>   | -----  | <b>43g</b>           |                      |                            |                 |
| <b>44</b>  | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)                                    | <b>44</b> 4,285,363. | 3,603,287.           | 667,488.                   | 14,588.         |

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? ▶<br>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<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.) |
|--|--|
| <b>a TUITION - OPERATION OF SCHOOL</b><br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 3,462,397.   |
| <b>b AUXILIARY ACTIVITIES</b><br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 140,890.   |
| <b>c</b><br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   |  |
| <b>d</b><br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>   |  |
| <b>e Other program services</b><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶  | 3,603,287.   |

BAA

**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)<br>Beginning of year                                     |                | (B)<br>End of year |
|---|--|--|----------------|--------------------|
| ASSETS  | 45 Cash – non-interest-bearing   | 200.   | 45             | 200.               |
|   | 46 Savings and temporary cash investments  | 478,565.   | 46             | 1,121,596.         |
|   | 47a Accounts receivable  | 47a 105,754.   |                |                    |
|   | b Less allowance for doubtful accounts   | 47b 50,153.  | 84,061.        | 47c 55,601.        |
|   | 48a Pledges receivable   | 48a  |                | 48c                |
|   | b Less allowance for doubtful accounts   | 48b  |                |                    |
|   | 49 Grants receivable   |  |                | 49                 |
|   | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)   |  |                | 50a                |
|   | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) |  |                | 50b                |
|   | 51a Other notes and loans receivable (attach schedule)   | 51a  |                |                    |
|   | b Less allowance for doubtful accounts   | 51b  |                | 51c                |
|   | 52 Inventories for sale or use   |  |                | 52                 |
|   | 53 Prepaid expenses and deferred charges   |  | 25,837.        | 53 23,784.         |
|   | 54a Investments – publicly-traded securities   | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV |                | 54a                |
|   | b Investments – other securities (attach sch)  | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV |                | 54b                |
| 55a Investments – land, buildings, & equipment basis  | 55a  |  |                |                    |
| b Less accumulated depreciation (attach schedule)   | 55b  |  | 55c            |                    |
| 56 Investments – other (attach schedule)  |  | 1,099,615.   | 56 833,142.    |                    |
| 57a Land, buildings, and equipment basis  | 57a 6,696,292.   |  |                |                    |
| b Less accumulated depreciation (attach schedule) <b>STATEMENT 6</b>  | 57b 1,240,285.   | 5,544,711.   | 57c 5,456,007. |                    |
| 58 Other assets, including program-related investments (describe ▶ <u>SEE STATEMENT 7</u> )   |  | 8,501.   | 58 8,401.      |                    |
| 59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58   |  | 7,241,490.   | 59 7,498,731.  |                    |
| LIABILITIES   | 60 Accounts payable and accrued expenses   |  | 60 313,403.    | 298,871.           |
|   | 61 Grants payable  |  | 61             |                    |
|   | 62 Deferred revenue  |  | 62 737,170.    | 835,730.           |
|   | 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 ▶ _____ )   |  | 65             |                    |
| 66 <b>Total liabilities.</b> Add lines 60 through 65  |  | 1,050,573.   | 66 1,134,601.  |                    |
| NET ASSETS OR FUND BALANCES   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74       |  |                |                    |
|   | 67 Unrestricted  |  | 67 5,383,318.  | 5,435,221.         |
|   | 68 Temporarily restricted  |  | 68 50,500.     | 95,767.            |
|   | 69 Permanently restricted  |  | 69 757,099.    | 833,142.           |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74                               |  |                |                    |
|   | 70 Capital stock, trust principal, or current funds  |  | 70             |                    |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund   |  | 71             |                    |
|   | 72 Retained earnings, endowment, accumulated income, or other funds  |  | 72             |                    |
| 73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) |  | 6,190,917.   | 73 6,364,130.  |                    |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73   |  | 7,241,490.   | 74 7,498,731.  |                    |

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

|          |  |           |          |            |
|----------|--|-----------|----------|------------|
| <b>a</b> | Total revenue, gains, and other support per audited financial statements |           | <b>a</b> | 3,829,258. |
| <b>b</b> | Amounts included on line <b>a</b> but not on Part I, line 12.            |           |          |            |
|          | 1 Net unrealized gains on investments                                    | <b>b1</b> |          | -40,253.   |
|          | 2 Donated services and use of facilities                                 | <b>b2</b> |          | 14,621.    |
|          | 3 Recoveries of prior year grants  | <b>b3</b> |          |            |
|          | 4 Other (specify) _____  | <b>b4</b> |          |            |
|          | Add lines <b>b1</b> through <b>b4</b>                                    |           | <b>b</b> | -25,632.   |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b>                                |           | <b>c</b> | 3,854,890. |
| <b>d</b> | Amounts included on Part I, line 12, but not on line <b>a</b> :          |           |          |            |
|          | 1 Investment expenses not included on Part I, line 6b                    | <b>d1</b> |          | 5,341.     |
|          | 2 Other (specify):<br>SEE STM 8  | <b>d2</b> |          | 638,600.   |
|          | Add lines <b>d1</b> and <b>d2</b>  |           | <b>d</b> | 643,941.   |
| <b>e</b> | <b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>  |           | <b>e</b> | 4,498,831. |

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

|          |   |           |          |            |
|----------|---|-----------|----------|------------|
| <b>a</b> | Total expenses and losses per audited financial statements              |           | <b>a</b> | 3,656,043. |
| <b>b</b> | Amounts included on line <b>a</b> but not on Part I, line 17            |           |          |            |
|          | 1 Donated services and use of facilities                                | <b>b1</b> |          | 14,621.    |
|          | 2 Prior year adjustments reported on Part I, line 20                    | <b>b2</b> |          |            |
|          | 3 Losses reported on Part I, line 20                                    | <b>b3</b> |          |            |
|          | 4 Other (specify) _____   | <b>b4</b> |          |            |
|          | Add lines <b>b1</b> through <b>b4</b>                                   |           | <b>b</b> | 14,621.    |
| <b>c</b> | Subtract line <b>b</b> from line <b>a</b>                               |           | <b>c</b> | 3,641,422. |
| <b>d</b> | Amounts included on Part I, line 17, but not on line <b>a</b> :         |           |          |            |
|          | 1 Investment expenses not included on Part I, line 6b                   | <b>d1</b> |          |            |
|          | 2 Other (specify):<br>SEE STMT 9  | <b>d2</b> |          | 643,941.   |
|          | Add lines <b>d1</b> and <b>d2</b>                                       |           | <b>d</b> | 643,941.   |
| <b>e</b> | <b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> |           | <b>e</b> | 4,285,363. |

**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 and deferred compensation plans | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| SEE STATEMENT 10     |  | 114,000.                                  | 6,840.  | 0.                                       |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |







**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).

**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 |
|     | X  |

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

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

|     |    |
|-----|----|
| Yes | No |
|     | X  |

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

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|     |    |
|-----|----|
| Yes | No |
|     | X  |

**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: Carol H. Clark Date: 12-31-08

Type or print name and title: Carol H. Clark, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Barbara J. Dove CPA Date: 11/26/08

Firm's name (or yours if self-employed), address, and ZIP + 4: BARBARA J. DOVE, CPA ACCOUNTANCY CORPORATION  
4299 MACARTHUR BLVD STE 100  
NEWPORT BEACH, CA 92660-2019

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): N/A

EIN: N/A Phone no: (949) 474-1040

BAA

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

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

OMB No 1545-0047

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

**2007**

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

THE PRENTICE SCHOOL

Employer identification number

33-0120257

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| SEE STATEMENT 11  |  | 415,843.         | 24,950.   | 0.                                       |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| 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 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 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 instructions.)

|   | Yes       | No  |
|---|-----------|-----|
| <p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) .</p> <p>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</p> |           | X   |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)  |           |     |
| <b>a</b> Sale, exchange, or leasing of property?  |           | X   |
| <b>b</b> Lending of money or other extension of credit?   |           | X   |
| <b>c</b> Furnishing of goods, services, or facilities?  |           | X   |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  |           | X   |
| <b>e</b> Transfer of any part of its income or assets?  |           | X   |
| <b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)  | STMT 12 X |     |
| <b>b</b> Did the organization have a section 403(b) annuity plan for its employees?   | X         |     |
| <b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement   |           | X   |
| <b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  |           | X   |
| <b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.   |           | X   |
| <b>b</b> Did the organization make any taxable distributions under section 4966?  |           | N/A |
| <b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?   |           | N/A |
| <b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶   |           | N/A |
| <b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶   |           | N/A |
| <b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶   |           | 0   |
| <b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶   |           | 0   |

**Part IV Reason for Non-Private Foundation Status** (See 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)
- 11 a  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)
- 11 b  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 instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b> ▶                              |   |  |   |    | 0.                       |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

BAA

**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)<br>2006 | (b)<br>2005 | (c)<br>2004 | (d)<br>2003 | (e)<br>Total |
|--|-------------|-------------|-------------|-------------|--------------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)  | N/A         |             |             |             |              |
| <b>16</b> Membership fees received   |             |             |             |             |              |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |             |             |             |             |              |
| <b>18</b> Gross income from interest, dividends, ams rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975 |             |             |             |             |              |
| <b>19</b> Net income from unrelated business activities not included in line 18  |             |             |             |             |              |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |             |             |             |             |              |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.  |             |             |             |             |              |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.  |             |             |             |             |              |
| <b>23</b> Total of lines 15 through 22   |             |             |             |             |              |
| <b>24</b> Line 23 minus line 17  |             |             |             |             |              |
| <b>25</b> Enter 1% of line 23  |             |             |             |             |              |

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 N/A ▶ **26a**

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**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

**27 Organizations described on line 12:** N/A

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  
 (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  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add Amounts from column (e) for lines **15** \_\_\_\_\_ **16** \_\_\_\_\_  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27c**

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

**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 N/A

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

|   | Yes | No |
|---|-----|----|
| <b>29</b> 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   |    |
| <b>30</b> 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   |    |
| <b>31</b> 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?<br>If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement )<br><u>ADVERTISEMENTS CONTAIN THE STATEMENT "QUALIFIED STUDENTS ARE ACCEPTED REGARDLESS OF RACE, CREED OR ETHNIC ORIGIN"</u> | X   |    |
| <b>32</b> Does the organization maintain the following  |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?  | X   |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | X   |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | X   |    |
| <b>d</b> 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 )   |     |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to   |     |    |
| <b>a</b> Students' rights or privileges?  |     | X  |
| <b>b</b> Admissions policies?   |     | X  |
| <b>c</b> Employment of faculty or administrative staff?   |     | X  |
| <b>d</b> Scholarships or other financial assistance?  |     | X  |
| <b>e</b> Educational policies?  |     | X  |
| <b>f</b> Use of facilities?   |     | X  |
| <b>g</b> Athletic programs?   |     | X  |
| <b>h</b> Other extracurricular activities?  |     | X  |
| If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )  |     |    |
| <b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?  |     | X  |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?<br>If you answered 'Yes' to either 34a or b, please explain using an attached statement.  |     | X  |
| <b>35</b> 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 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)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|-----------|--|-----------------------------------|---|
| <b>36</b> | Total lobbying expenditures to influence public opinion (grassroots lobbying)                | <b>36</b>                         |   |
| <b>37</b> | Total lobbying expenditures to influence a legislative body (direct lobbying)                | <b>37</b>                         |   |
| <b>38</b> | Total lobbying expenditures (add lines 36 and 37)  | <b>38</b>                         |   |
| <b>39</b> | Other exempt purpose expenditures  | <b>39</b>                         |   |
| <b>40</b> | Total exempt purpose expenditures (add lines 38 and 39)                                      | <b>40</b>                         |   |
| <b>41</b> | Lobbying nontaxable amount. Enter the amount from the following table –                      |                                   |   |
|           | <b>If the amount on line 40 is –</b>   |                                   |   |
|           | 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  |                                   |   |
|           | <b>The lobbying nontaxable amount is –</b>   |                                   |   |
|           | 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  |                                   |   |
|           | \$225,000 plus 5% of the excess over \$1,500,000   |                                   |   |
|           | \$1,000,000  |                                   |   |
| <b>42</b> | Grassroots nontaxable amount (enter 25% of line 41)  | <b>42</b>                         |   |
| <b>43</b> | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36                      | <b>43</b>                         |   |
| <b>44</b> | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38                      | <b>44</b>                         |   |
|           | <b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720. |                                   |   |

**4-Year Averaging Period Under Section 501(h)**

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

| Calendar year<br>(or fiscal year<br>beginning in) ▶      | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2007  | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             |              |
| <b>48</b> Grassroots non-taxable amount                  |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             |              |
| <b>50</b> 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 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 |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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



THE PRENTICE SCHOOL

33-0120257

**STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 161,347.  
COST OR OTHER BASIS: 135,200.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 26,147.

OTHER ASSETS

DESCRIPTION: SHADES-ASSESSMENT CTR  
DATE ACQUIRED: 8/15/2002  
HOW ACQUIRED: PURCHASE  
DATE SOLD: 1/01/2008  
TO WHOM SOLD:  
GROSS SALES PRICE: 0.  
COST OR OTHER BASIS: 2,080.  
BASIS METHOD: COST  
DEPRECIATION: 2,080.

GAIN (LOSS) 0.

DESCRIPTION: LEXMARK PRINTERS  
DATE ACQUIRED: 10/31/2002  
HOW ACQUIRED: PURCHASE  
DATE SOLD: 1/01/2008  
TO WHOM SOLD:  
GROSS SALES PRICE: 0.  
COST OR OTHER BASIS: 965.  
BASIS METHOD: COST  
DEPRECIATION: 965.

GAIN (LOSS) 0.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 0.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 26,147.

**STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS**

| SPECIAL EVENTS    | GROSS RECEIPTS     | LESS CONTRI-BUTIONS | GROSS REVENUE      | LESS DIRECT EXPENSES | NET INCOME (LOSS)  |
|-------------------|--------------------|---------------------|--------------------|----------------------|--------------------|
| FUNDRAISING EVENT | 290,877.           | 0.                  | 290,877.           | 145,536.             | 145,341.           |
| TOTAL             | \$ <u>290,877.</u> | \$ <u>0.</u>        | \$ <u>290,877.</u> | \$ <u>145,536.</u>   | \$ <u>145,341.</u> |

## THE PRENTICE SCHOOL

33-0120257

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TOTAL \$ -40,255.  
 TOTAL \$ -40,255.

**STATEMENT 4**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |  |            |
|------------------------|--|------------|
| DONEE'S NAME:          | ABDEL-NASER, MAZIN                               |            |
| DONEE'S ADDRESS:       | 6183 E. PASEO RIO VERDE<br>ANAHEIM, CA 92807     |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | \$ 14,000. |
| DONEE'S NAME:          | ANTICOUNI, GARRETT                               |            |
| DONEE'S ADDRESS:       | 11422 FREDRICK STREET<br>GARDEN GROVE, CA 92840  |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 12,000.    |
| DONEE'S NAME:          | COSTIE, WILLIAM                                  |            |
| DONEE'S ADDRESS:       | 11667 INWOOD DR.<br>RIVERSIDE, CA 92503          |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 15,000.    |
| DONEE'S NAME:          | DECKERT, MACKENZIE                               |            |
| DONEE'S ADDRESS:       | 264 S. WAVERLY STREET<br>ORANGE, CA 92866        |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 12,000.    |
| DONEE'S NAME:          | DAVIS, CHRISLYN                                  |            |
| DONEE'S ADDRESS:       | 70 SKLAR, APT. 1412<br>LADERA RANCH, CA 92694    |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 12,000.    |
| DONEE'S NAME:          | GONZALEZ, ANDREA                                 |            |
| DONEE'S ADDRESS:       | 13439 PEYTON DRIVE #225<br>CHINO HILLS, CA 91709 |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 7,500.     |
| DONEE'S NAME:          | DAVIS, JORDYN                                    |            |
| DONEE'S ADDRESS:       | 12531 SINGINGWOOD DRIVE<br>SANTA ANA, CA 92705   |            |
| RELATIONSHIP OF DONEE: | NONE   |            |
| FAIR MARKET VALUE:     |  | 12,000.    |

## THE PRENTICE SCHOOL

33-0120257

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |   |           |
|------------------------|---|-----------|
| DONEE'S NAME:          | DZWONKAS, GRADY                                     |           |
| DONEE'S ADDRESS:       | 5210 SAPPHIRE STREET<br>ALTA LOMA, CA 91701         |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | \$ 8,000. |
| DONEE'S NAME:          | KLOEPFER, CODY                                      |           |
| DONEE'S ADDRESS:       | 6821 VIA IRANA<br>STANTON, CA 90680                 |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 14,000.   |
| DONEE'S NAME:          | KUKUK, COLTON                                       |           |
| DONEE'S ADDRESS:       | 29 MONTGOMERY<br>MISSION VIEJO, CA 92692            |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 4,000.    |
| DONEE'S NAME:          | MERCER, AMANDA                                      |           |
| DONEE'S ADDRESS:       | 400 ADLENA DRIVE<br>FULLERTON, CA 92833             |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 15,000.   |
| DONEE'S NAME:          | REYNA, ERIC   |           |
| DONEE'S ADDRESS:       | 12531 BROWNING AVENUE<br>SANTA ANA, CA 92705        |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 4,233.    |
| DONEE'S NAME:          | REZNICEK, COLE                                      |           |
| DONEE'S ADDRESS:       | 32 BOLINAS<br>IRVINE, CA 92602                      |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 12,000.   |
| DONEE'S NAME:          | SHILLING, NICHOLAS                                  |           |
| DONEE'S ADDRESS:       | 8111 STANFORD AVE. SP #17<br>GARDEN GROVE, CA 92841 |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 6,000.    |
| DONEE'S NAME:          | SMITH, JOSHUA                                       |           |
| DONEE'S ADDRESS:       | 23846 BOWER CASCADE PL.<br>DIAMOND BAR, CA 91765    |           |
| RELATIONSHIP OF DONEE: | NONE  |           |
| FAIR MARKET VALUE:     |   | 10,000.   |

## THE PRENTICE SCHOOL

33-0120257

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |   |            |
|------------------------|---|------------|
| DONEE'S NAME:          | BEZZINA, ASHLEY                                     |            |
| DONEE'S ADDRESS:       | 6882 MARILYN DRIVE<br>HUNTINGTON BEACH, CA 92646    |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | \$ 10,000. |
| DONEE'S NAME:          | CHIDUEME, KIMBERLY                                  |            |
| DONEE'S ADDRESS:       | 12459 COOL SPRING ST<br>MIRA LOMA, CA 91752         |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,500.    |
| DONEE'S NAME:          | HARTGER, AUSTIN                                     |            |
| DONEE'S ADDRESS:       | 4686 PINECREST CIRCLE<br>HUNTINGTON BEACH, CA 92649 |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,500.    |
| DONEE'S NAME:          | HANSON, GREYSON                                     |            |
| DONEE'S ADDRESS:       | 6647 LOGAN AVE<br>RANCHO SANTA MARGARI, CA 92688    |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 7,000.     |
| DONEE'S NAME:          | HENNIGAR, HANNAH                                    |            |
| DONEE'S ADDRESS:       | 7687 E. BRIDGEWOOD DRIVE<br>ANAHEIM HILLS, CA 92808 |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,000.    |
| DONEE'S NAME:          | MANZO, DRAKE  |            |
| DONEE'S ADDRESS:       | 2136 CHARLEMAGNE AVE.<br>LONG BEACH, CA 90815       |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,500.    |
| DONEE'S NAME:          | NORTON, ERIN  |            |
| DONEE'S ADDRESS:       | 12680 BRIARGLEN LOOP A<br>STANTON, CA 90680         |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 14,500.    |
| DONEE'S NAME:          | OSHIRO, RYAN  |            |
| DONEE'S ADDRESS:       | 2414 CHIPPEWA AVE.<br>PLACENTIA, CA 92870           |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 7,500.     |

## THE PRENTICE SCHOOL

33-0120257

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |  |         |
|------------------------|--|---------|
| DONEE'S NAME:          | POND, SPENCER  |         |
| DONEE'S ADDRESS:       | 12 OBISPO<br>RANCHO SANTA MARGARI, CA 92688          |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | \$ 417. |
| DONEE'S NAME:          | SMITH, NICOLETTE                                     |         |
| DONEE'S ADDRESS:       | 23846 BOWER CASCADE PL.<br>DIAMOND BAR, CA 91765     |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 10,000. |
| DONEE'S NAME:          | APELDOORN, LILYAN                                    |         |
| DONEE'S ADDRESS:       | 3328 E. METCALF CIRCLE<br>ORANGE, CA 92869           |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 12,000. |
| DONEE'S NAME:          | BEZZINA, NICOLAS                                     |         |
| DONEE'S ADDRESS:       | 6882 MARILYN DRIVE<br>HUNTINGTON BEACH, CA 92646     |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 11,000. |
| DONEE'S NAME:          | CARLSON, JOSHUA                                      |         |
| DONEE'S ADDRESS:       | 27474 WALFRED WAY<br>MORENO VALLEY, CA 92555         |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 4,000.  |
| DONEE'S NAME:          | CURRY, ISABELLA                                      |         |
| DONEE'S ADDRESS:       | 10461 GREENBRIAR ROAD<br>SANTA ANA, CA 92705         |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 12,000. |
| DONEE'S NAME:          | CURRIE, DAVID  |         |
| DONEE'S ADDRESS:       | 5926 E. HADRIANS CRESCENT<br>ANAHEIM HILLS, CA 92807 |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 13,500. |
| DONEE'S NAME:          | GREEN, WYMAN   |         |
| DONEE'S ADDRESS:       | 6647 LOGAN AVE<br>FONTANA, CA 92336                  |         |
| RELATIONSHIP OF DONEE: | NONE   |         |
| FAIR MARKET VALUE:     |  | 9,000.  |

## THE PRENTICE SCHOOL

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |   |            |
|------------------------|---|------------|
| DONEE'S NAME:          | EVANS, ALEXIS                                       |            |
| DONEE'S ADDRESS:       | 14052 LIVINGSTON<br>TUSTIN, CA 92780                |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | \$ 12,000. |
| DONEE'S NAME:          | HANSON, GEORDAN                                     |            |
| DONEE'S ADDRESS:       | 6647 LOGAN AVE<br>RANCHO SANTA MARGARI, CA 92688    |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 7,000.     |
| DONEE'S NAME:          | HERNANDEZ, BREANNA                                  |            |
| DONEE'S ADDRESS:       | 1705 WEST THIRD STREET<br>SANTA ANA, CA 92703       |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 15,000.    |
| DONEE'S NAME:          | HERNANDEZ, ISABELLA                                 |            |
| DONEE'S ADDRESS:       | 1705 WEST THIRD STREET<br>SANTA ANA, CA 92703       |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 16,000.    |
| DONEE'S NAME:          | HINAJOZA, LYRIC                                     |            |
| DONEE'S ADDRESS:       | 14391 GALY STREET<br>TUSTIN, CA 92780               |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 14,500.    |
| DONEE'S NAME:          | JOSLIN, SARAH                                       |            |
| DONEE'S ADDRESS:       | 11472 NEWPORT AVE.<br>SANTA ANA, CA 92705           |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 13,500.    |
| DONEE'S NAME:          | MOORE, JOEY   |            |
| DONEE'S ADDRESS:       | 833 SANTIAGO ROAD<br>COSTA MESA, CA 92626           |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,000.    |
| DONEE'S NAME:          | MORRIS, BRIANKA                                     |            |
| DONEE'S ADDRESS:       | 2028 PORT BRISTOL CIRCLE<br>NEWPORT BEACH, CA 92660 |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 3,000.     |

## THE PRENTICE SCHOOL

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STATEMENT 4 (CONTINUED)  
 FORM 990, PART II, LINE 22B  
 OTHER GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

|                        |  |           |
|------------------------|--|-----------|
| DONEE'S NAME:          | MORRIS, RUZENA                                       |           |
| DONEE'S ADDRESS:       | 2028 PORT BRISTOL CIRCLE<br>NEWPORT BEACH, CA 92660  |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | \$ 3,000. |
| DONEE'S NAME:          | MOSS, JONATHAN                                       |           |
| DONEE'S ADDRESS:       | 6962 OXFORD DR.<br>HUNTINGTON BEACH, CA 92647        |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 15,000.   |
| DONEE'S NAME:          | O'CONNOR, JACOB                                      |           |
| DONEE'S ADDRESS:       | 20292 RIVERSIDE DRIVE<br>SANTA ANA HEIGHTS, CA 92707 |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 10,300.   |
| DONEE'S NAME:          | O'CONNOR, JOSHUA                                     |           |
| DONEE'S ADDRESS:       | 20292 RIVERSIDE DRIVE<br>SANTA ANA HEIGHTS, CA 92707 |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 9,300.    |
| DONEE'S NAME:          | ORTIZ, KATALINA                                      |           |
| DONEE'S ADDRESS:       | 19841 CLAREMONT LANE<br>HUNTINGTON BEACH, CA 92646   |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 14,500.   |
| DONEE'S NAME:          | TOWNING, MATHEW                                      |           |
| DONEE'S ADDRESS:       | 10076 FALL RIVER CT.<br>FOUNTAIN VALLEY, CA 92708    |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 3,000.    |
| DONEE'S NAME:          | TRINH, MARTIN  |           |
| DONEE'S ADDRESS:       | 9540 STINSON<br>WESTMINSTER, CA 92683                |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 7,600.    |
| DONEE'S NAME:          | ROSTER, MYRANDA                                      |           |
| DONEE'S ADDRESS:       | 7976 SPOHN AVE<br>FONTANA, CA 92336                  |           |
| RELATIONSHIP OF DONEE: | NONE   |           |
| FAIR MARKET VALUE:     |  | 7,250.    |

THE PRENTICE SCHOOL

33-0120257

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |   |            |
|------------------------|---|------------|
| DONEE'S NAME:          | RUBENSTEIN, JASMINE                             |            |
| DONEE'S ADDRESS:       | 345 CHERRY TREE LANE<br>NEWPORT BEACH, CA 92660 |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | \$ 12,000. |
| DONEE'S NAME:          | RUMMEL, RHYANNA                                 |            |
| DONEE'S ADDRESS:       | 18804 WEATHER RD.<br>COVINA, CA 91722           |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 15,500.    |
| DONEE'S NAME:          | SCHLICHT, LILY                                  |            |
| DONEE'S ADDRESS:       | 23068 VIA PIMIENTO<br>MISSION VIEJO, CA 92691   |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 3,000.     |
| DONEE'S NAME:          | ATTERBURY, RYAN                                 |            |
| DONEE'S ADDRESS:       | 10542 SEMORA ST.<br>BELLFLOWER, CA 90706        |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 6,000.     |
| DONEE'S NAME:          | BANNER, ELIJAH                                  |            |
| DONEE'S ADDRESS:       | 9851 E BOLSA AVE #61<br>WESTMINSTER, CA 92683   |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,000.    |
| DONEE'S NAME:          | HATTEN, RACHEL                                  |            |
| DONEE'S ADDRESS:       | 1495 MOLINO AVE.<br>LONG BEACH, CA 90804        |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,500.    |
| DONEE'S NAME:          | HUFFMAN, ZACHARY                                |            |
| DONEE'S ADDRESS:       | 7976 SPOHN AVE<br>FONTANA, CA 92336             |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 5,000.     |
| DONEE'S NAME:          | JEFFRIES, JACOB                                 |            |
| DONEE'S ADDRESS:       | 3634 MYRTLE AVE.<br>LONG BEACH, CA 90807        |            |
| RELATIONSHIP OF DONEE: | NONE  |            |
| FAIR MARKET VALUE:     |   | 12,000.    |

## THE PRENTICE SCHOOL

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 22B**  
**OTHER GRANTS AND ALLOCATIONS**

NONCASH GRANTS AND ALLOCATIONS

|                        |                         |           |
|------------------------|-------------------------|-----------|
| DONEE'S NAME:          | KAUFER, GARRETT         |           |
| DONEE'S ADDRESS:       | 26032 WATERWHEEL PLACE  |           |
|                        | LAGUNA HILLS, CA 92653  |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | \$ 3,500. |
| DONEE'S NAME:          | KIDNER, SAMANTHA        |           |
| DONEE'S ADDRESS:       | 1043 CASANDRA LN        |           |
|                        | CORONA, CA 92879        |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 14,000.   |
| DONEE'S NAME:          | MASSEY, CAGE            |           |
| DONEE'S ADDRESS:       | 17772 BIGELOW PK        |           |
|                        | TUSTIN, CA 92780        |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 13,000.   |
| DONEE'S NAME:          | MORRISON, RACHEL        |           |
| DONEE'S ADDRESS:       | 20 RINCON               |           |
|                        | IRVINE, CA 92620        |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 7,500.    |
| DONEE'S NAME:          | PLUMB, SAMMY            |           |
| DONEE'S ADDRESS:       | 29212 MIRA VISTA        |           |
|                        | LAGUNA NIGUEL, CA 92677 |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 6,000.    |
| DONEE'S NAME:          | STROGEN, SAMUEL         |           |
| DONEE'S ADDRESS:       | 920 SWEETLAND ST.       |           |
|                        | CLAREMONT, CA 91711     |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 9,000.    |
| DONEE'S NAME:          | WRIGHT, CALILIE         |           |
| DONEE'S ADDRESS:       | 7792 21ST STREET        |           |
|                        | WESTMINSTER, CA 92683   |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 15,500.   |
| DONEE'S NAME:          | WRIGHT, RICKY           |           |
| DONEE'S ADDRESS:       | 7792 21ST STREET        |           |
|                        | WESTMINSTER, CA 92683   |           |
| RELATIONSHIP OF DONEE: | NONE                    |           |
| FAIR MARKET VALUE:     |                         | 11,000.   |

TOTAL GRANTS AND ALLOCATIONS \$ 638,600.

## THE PRENTICE SCHOOL

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**STATEMENT 5**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

|                             | (A)                | (B)                 | (C)                     | (D)               |
|-----------------------------|--------------------|---------------------|-------------------------|-------------------|
|                             | TOTAL              | PROGRAM<br>SERVICES | MANAGEMENT<br>& GENERAL | FUNDRAISING       |
| ADVERTISING                 | 30,695.            |                     | 30,695.                 |                   |
| BAD DEBTS                   | 30,235.            | 30,235.             |                         |                   |
| BOARD MEETING EXPENSE       | 666.               |                     | 666.                    |                   |
| CLASSRM COMP UNDER \$1000   | 2,646.             | 2,646.              |                         |                   |
| CURRICULUM EXPENSES         | 40,639.            | 40,639.             |                         |                   |
| DEVELOPMENT EXPENSES        | 14,588.            |                     |                         | 14,588.           |
| EDUCATION                   | 7,217.             | 7,217.              |                         |                   |
| INSURANCE - LIAB            | 30,362.            | 27,326.             | 3,036.                  |                   |
| INVESTMENT EXPENSES         | 5,341.             |                     | 5,341.                  |                   |
| LIBRARY BOOKS               | 1,454.             | 1,454.              |                         |                   |
| LICENSES, FEES, MEMBERSHIPS | 17,599.            | 15,839.             | 1,760.                  |                   |
| MISCELLANEOUS EXPENSE       | 3,389.             | 1,694.              | 1,695.                  |                   |
| OFFICE EXP - CHRGE CARD     | 36,044.            | 27,033.             | 9,011.                  |                   |
| OFFICE EXP & SUPPLIES       | 48,735.            | 36,551.             | 12,184.                 |                   |
| PROFESSIONAL DUES           | 947.               |                     | 947.                    |                   |
| TUITION REMISSION           | 61,372.            | 61,372.             |                         |                   |
| YEARBOOK                    | 6,834.             | 6,834.              |                         |                   |
| <b>TOTAL</b>                | <b>\$ 338,763.</b> | <b>\$ 258,840.</b>  | <b>\$ 65,335.</b>       | <b>\$ 14,588.</b> |

**STATEMENT 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

| CATEGORY                | BASIS                | ACCUM.<br>DEPREC.    | BOOK<br>VALUE        |
|-------------------------|----------------------|----------------------|----------------------|
| FURNITURE AND FIXTURES  | \$ 65,099.           | \$ 37,660.           | \$ 27,439.           |
| MACHINERY AND EQUIPMENT | 467,478.             | 372,429.             | 95,049.              |
| BUILDINGS               | 2,616,276.           | 545,103.             | 2,071,173.           |
| IMPROVEMENTS            | 696,612.             | 264,585.             | 432,027.             |
| LAND                    | 2,806,810.           |                      | 2,806,810.           |
| MISCELLANEOUS           | 44,017.              | 20,508.              | 23,509.              |
| <b>TOTAL</b>            | <b>\$ 6,696,292.</b> | <b>\$ 1,240,285.</b> | <b>\$ 5,456,007.</b> |

**STATEMENT 7**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

|              |                  |
|--------------|------------------|
| DEPOSITS     | \$ 8,400.        |
| ROUNDING     | 1.               |
| <b>TOTAL</b> | <b>\$ 8,401.</b> |

## THE PRENTICE SCHOOL

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**STATEMENT 8**  
**FORM 990, PART IV-A, LINE D(2)**  
**OTHER AMOUNTS**

01-402 ADJ FOR SCHOLARSHIPS

TOTAL \$ 638,600.  
\$ 638,600.

**STATEMENT 9**  
**FORM 990, PART IV-B, LINE D(2)**  
**OTHER AMOUNTS**

ADJ. FOR SCHOLARSHIPS  
 INVESTMENT EXPENSES NETTED

\$ 638,600.  
 5,341.  
 TOTAL \$ 643,941.

**STATEMENT 10**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| SHIRLEY WENTZEL<br>1401 DOVE STREET #100<br>NEWPORT BEACH, CA 92660          | TRUSTEE<br>0                                   | \$ 0.             | \$ 0.                            | \$ 0.                        |
| DAN CLARK<br>1661 ALTON PARKWAY<br>IRVINE, CA 92606-4877                     | PRESIDENT<br>0                                 | 0.                | 0.                               | 0.                           |
| DAVID N. DAVIDSON<br>3857 BIRCH STREET, SUITE 315<br>NEWPORT BEACH, CA 92660 | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| LYNN R. DAVIS<br>1100 IRVINE BLVD, #31<br>TUSTIN, CA 92780                   | VICE PRESIDENT<br>0                            | 0.                | 0.                               | 0.                           |
| BARBARA J. DOVE, CPA<br>4299 MAC ARTHUR BLVD #100<br>NEWPORT BEACH, CA 92660 | TREASURER<br>0                                 | 0.                | 0.                               | 0.                           |
| SHARON ETTINGER-MCLAUGHLIN<br>#7 ALTAZANO<br>SANTA FE, NM 87505              | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| TIMOTHY V. KEMP<br>1 FIRST AMERICAN WAY<br>SANTA ANA, CA 92707               | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |

## THE PRENTICE SCHOOL

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STATEMENT 10 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| JOSEPH A. MALECKI, ESQ.<br>18301 VON KARMAN AVE., #430<br>IRVINE, CA 92612 | TRUSTEE<br>0                                   | \$ 0.             | \$ 0.                            | \$ 0.                        |
| SUSAN C. KONIER<br>20541 AMAPOLA AVENUE<br>ORANGE, CA 92869                | SECRETARY<br>0                                 | 0.                | 0.                               | 0.                           |
| DON MCLAUGHLIN<br>#7 ALTAZANO<br>SANTA FE, NM 87505                        | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| MICHELE O'LEARY-KOLL<br>5 RIBERIA<br>IRVINE, CA 92620                      | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| JASON WEISS, ESQ.<br>1900 MAIN STREET, 5TH FLOOR<br>IRVINE, CA 92614       | SECRETARY<br>0                                 | 0.                | 0.                               | 0.                           |
| RALPH EMERSON<br>4100 NEWPORT PLACE #730<br>NEWPORT BEACH, CA 92660        | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| JOE GOEBEL<br>44 MORNING BREEZE<br>IRVINE, CA 92603                        | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| JOHN MICHLER<br>1704 AVENIDA SALVADOR<br>SAN CLEMENTE, CA 92672-3267       | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| BRIAN SULLIVAN<br>33765 MAGELLAN ISLE<br>DANA POINT, CA 92629              | VICE PRESIDENT<br>0                            | 0.                | 0.                               | 0.                           |
| BONNIE L. SIMON, PHD<br>526 CATALINA DRIVE<br>NEWPORT BEACH, CA 92663      | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| DENNIS SIMON<br>526 CATALINA DRIVE<br>NEWPORT BEACH, CA 92663              | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |
| ERNEST COHEN<br>6 BOARDWALK<br>NEWPORT BEACH, CA 92660                     | TRUSTEE<br>0                                   | 0.                | 0.                               | 0.                           |

## THE PRENTICE SCHOOL

33-0120257

**STATEMENT 10 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u>                               | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|---|---|---------------------------|---|---------------------------------------|
| AMALIA ROSEN<br>124 LESSAY<br>NEWPORT COAST, CA 92657 | TRUSTEE<br>0  | \$ 0.                     | \$ 0.   | 0.                                    |
| CAROL CLARK<br>12512 BRIGHTON<br>TUSTIN, CA 92780     | EXECUTIVE DIREC<br>40.00                                | 114,000.                  | 6,840.  | 0.                                    |
|   | TOTAL   | \$ 114,000.               | \$ 6,840.                                     | \$ 0.                                 |

**STATEMENT 11**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

| <u>NAME AND ADDRESS</u>   | <u>TITLE &amp; AVERAGE<br/>HOURS WORKED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRIBUT.<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT</u> |
|---|---|---------------------------|------------------------------------|----------------------------|
| CAROL CLARK<br>12512 BRIGHTON TUSTIN, CA<br>92780                         | EXECUTIVE DIREC<br>40.00                    | 114,000.                  | 6,840.                             | 0.                         |
| JAYNE HALL<br>26091 RED CORRAL ROAD LAGUNA<br>HILLS, CA 92653             | OPERATION MGR<br>40.00                      | 70,000.                   | 4,200.                             | 0.                         |
| KAREN LERNER<br>4 OWEN COURT IRVINE, CA                                   | PRIN JR HIGH<br>40.00                       | 82,770.                   | 4,966.                             | 0.                         |
| SHARON BAMBARD JACBOS<br>31885 HILLSIDE LANE LAGUNA<br>BEACH, CA          | LEARNING SPEC<br>28.00                      | 77,988.                   | 4,679.                             | 0.                         |
| JULIANA P. CLARK<br>24906 MANSILLA STREET #181<br>LAGUNA NIGUEL, CA 92677 | LEARNING SPEC<br>28.00                      | 71,085.                   | 4,265.                             | 0.                         |
|   | TOTAL                                       | \$ 415,843.               | \$ 24,950.                         | \$ 0.                      |

**STATEMENT 12**  
**SCHEDULE A, PART III, LINE 3A**  
**QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

THE PRENTICE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, NATIONAL ORIGIN OF ANCESTRY IN REGARD TO ITS EDUCATION AND ADMISSION POLICIES OR IN AWARDED OF FINANCIAL AID. SCHOLARSHIPS ARE AWARDED STRICTLY ON THE BASIS OF FINANCIAL AND ACADEMIC NEED.

1. PARENTS REQUEST FINANCIAL AID BY SUBMITTING THEIR FEDERAL INCOME TAX FORMS, AND THEIR STATEMENT OF WILLINGNESS TO VOLUNTEER TIME TO THE PROGRAM AT THE PRENTICE

**STATEMENT 12 (CONTINUED)**  
**SCHEDULE A, PART III, LINE 3A**  
**QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

SCHOOL. ALTERNATIVE TYPES OF VOLUNTEER ACTIVITIES ARE AVAILABLE TO ASSIST PARENTS IN COPING WITH WORK SCHEDULES, ETC.

2. PRENTICE SUPPLIES PARENTS THE FINANCIAL EVALUATION FORMS. FINANCIAL INFORMATION IS SUBMITTED DIRECTLY TO THE SCHOOL & STUDENT SERVICE FOR FINANCIAL AID WHO REVIEW THE FINANCIAL STATEMENTS AND MAKES THEIR RECOMMENDATIONS AS TO FINANCIAL NEED.

3. THIS INFORMATION IS THEN COMBINED WITH THE INFORMATION IN REGARD TO EDUCATIONAL NEEDS AND THE AVAILABILITY OF FUNDS. THIS SUMMARY IS PRESENTED TO THE SCHOLARSHIP COMMITTEE FOR ALLOCATION OF FUNDS. SUPPORTING MATERIALS SUCH AS LETTERS, SSSFA FORMS, ETC. ARE MADE AVAILABLE AT THE SCHOLARSHIP MEETING FOR REVIEW BY COMMITTEE MEMBERS.

4. AT THE DIRECTION OF THE SCHOLARSHIP COMMITTEE, AWARD/DENIAL LETTER IS SENT TO PARENTS OF APPLICANT STUDENTS.