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262033277 02/10/2011 6 47 PM

990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

	lendar year, or tax year beginning $07/01/09$, and ending $06/30/10$	 _		
B Check if applicable	Please C Name of organization	D	Employe	er identification number
Address change	use IRS IMAGO DEI ACADEMY INC		06.6	
Name change	print or Doing Business As			2033277
Instal return	type Number and street (or P O box if mail is not delivered to street address) See 1100 MTCHTGAN AVENUE	Room/suite E		ne number -434-3903
Termination	Specific TIOU MICHIGAN AVENUE			222 274
_	Instructions City or town, state or country, and ZIP + 4 ALAMOGORDO NM 88310	<u> </u>	Gross receipt	239,270
Amended return	F Name and address of principal officer	——	a) Isthisan	group return for
Application pending	r Name and address of principal officer	'''	affiliates?	
		H(I	b) Are all af	filiates
			•	ttach a list (see instructions)
I Tax-exempt sta	us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
	www.imagodeiacademy.net	н(c) Group ex	emption number
K Type of organizatio	X Corporation Trust Association Other ►	ear of formation 200)8 N	State of legal domicile NN
Part i	ummary			
	escribe the organization's mission or most significant activities			
o ALT	ERNATIVE SCHOOL WITH OPPORTUNITIES IN THE ARTS, CLASS	SICS AND THE	EOLOGY	•
auc				
Activities & Governance & Sovernance & Check & Sovernance & Numbe & Total nr	c-da			
2 Check	his box > if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 . 1	0
3 Numbe	of voting members of the governing body (Part VI, line 1a)			8
4 Numbe	of independent voting members of the governing body (Part VI, line 1b)			<u>8</u> 6
5 Total n	mber of employees (Part V, line 2a)		5	<u> </u>
6 Total ni	mber of volunteers (estimate if necessary)		6	
	oss unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0
b Net unr	elated business taxable income from Form 990-T, line 34	Prior Year	1 15	Current Year
8 Contrib	utions and grants (Part VIII, line 1h)	40,	505	94,014
9 Progra	n service revenue (Part VIII, line 2g)	77,	591	145,066
	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2	196
11 Other r	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,	098	239,276
13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVED			
	paid to or for members (Part IX, column (A), line 4)			
g 15 Salarie	other compensation, employee benefits (Part IX, column (A), lines 5-10) 2011			
= 1	ional fundraising fees (Part IX, column (A), line 11e)			
× I	ndraising expenses (Part IX, column (D), line 25)	160,	901	123,504
17 Other 6	xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)	160,		123,504
	penses Add lines 13–17 (must equal Part IX, column (Å), line 25)	-42,		115,772
	e less expenses Subtract line 18 from line 12	Beginning of Current		End of Year
	· · · · · · · · · · · · · · · · · · ·			00 4 8 8
	sets (Part X, line 16)	12,	223	82,177
	sets (Part X, line 16) bilities (Part X, line 26)		700	
20 Total a			700	2,882
20 Total a Balance 21 Total la 22 Net ass	bilities (Part X, line 26)	48,	700	2,882
20 Total as 21 Total like 22 Net ass	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block.	48, -36,	700 477	2,882 79,295
20 Total as 21 Total like 22 Net ass	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature.Block	48, -36,	700 477	2,882 79,295
20 Total as 21 Total line 22 Net ass Part II	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block.	48, -36,	700 477	2,882 79,295
20 Total a 21 Total a 22 Net ass	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block inder penalties of perjury, I declare that I have examined this return, including accompanying schedules are not belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	48, -36,	700 477	2,882 79,295
20 Total as 21 Total line 22 Net ass Part II	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block inder penalties of perjury, I declare that I have examined this return, including accompanying schedules are not belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform Signature of officer. Signature of officer. ASON BOARD MEMBER	48, -36,	700 477 the best of per has any l	2,882 79,295
20 Total as 21 Total line 22 Net ass Part II	bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 signature Block inder penalties of perjury, I declare that I have examined this return, including accompanying schedules are not belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform Signature of officer Le Hun Cash Type or print name and title	48, -36, and statements, and to the nation of which prepare	700 477 the best of per has any l	2,882 79,295
20 Total as spanning 21 Total list 22 Net ass Part II Sign Here	bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 ignature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules are not belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform the signature of officer Signature of officer Type or print name and title Date	48, -36, Indicate the state of	he best of rer has any l	2,882 79,295 my knowledge knowledge 14 ~ / /
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Part II Sign Here Paid Preparer's Use Only	bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules are not belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform the signature of officer Signature of officer Type or print name and title reparer's gnature Part Alph V. DOCKRAY, CPA RALPH V. DOCKRAY, CPA	48, -36, Indicate the state of	he best of the has any large Date X EIN Phone	2,882 79,295 my knowledge knowledge / // ~ / / Preparer's identifying number (see instructions) P00149802

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Pa	rt III	Statement of Program Se	rvice Accomplishments		
		scribe the organization's mission ATIVE SCHOOL WITI	H OPPORTUNITIES I	N THE ARTS, CLASSICS	AND THEOLOGY.
	the prior f If "Yes," d	ganization undertake any significa Form 990 or 990-EZ? lescribe these new services on Sci	nedule O		Yes X No
3	services?	ganization cease conducting, or m escribe these changes on Schedu		onducts, any program	Yes X No
4	Describe Section 5	the exempt purpose achievements	for each of the organization's threes and section 4947(a)(1) trusts are	e largest program services by expenses e required to report the amount of grants a i service reported	nd
	(Code) (Expenses \$ IONAL EXPENSES SU	109,972 including grants JCH AS SALARIES,	of \$) (Reve SUPPLIES AND BOOKS.	enue \$)
4b	(Code) (Expenses \$	including grants	of \$) (Reve	enue \$)
4c	(Code) (Expenses \$	including grants	of \$) (Reve	enue \$)
4d	-	gram services (Describe in Sched			
	(Expense		ncluding grants of \$) (Revenue \$)
<u>4e</u>	lotal pro	gram service expenses ▶	123,504		

Form **990** (2009)

quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Yes No 12	₽₽	ert IV Checklist of Required Schedules			
seconspiles Schedule A 1				Yes	No
seconspiles Schedule A 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization enagan induct or indirect political campage and twites on behalf of or in opposition to candidates for public officio? If "Yes," complete Schedule C, Part II 3 Section 801(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) indicate organization and reporting requirement and privity (as? If "Yes," complete Schedule C, Part II 5 Section 801(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) indicate organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 6 Did the organization maintain ordications of wrise of all, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of wrises of all, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of wrises of all, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of wrises of all, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 Did the organization organization amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt registation services? If "Yes," complete Schedule D, Part V, VI, VII, VII, VII, VII, VII, VII, V		·	1	Х	
3 Dit the organization engage in direct or interect political campings at always on behalf of or in opposition to cardidates for public officiar VIFes," complete Schedule C, Part II Section \$51(o)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section \$51(o)(4) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Did the organization maintain any dorine advised funds or any samelf units of accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III Did the organization maintain any dorine advised funds or any samelf units of a recounts? If "Yes," complete Schedule C, Part II To the organization maintain any dorine advised funds or any samelf units of accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any structures? If "Yes," complete Schedule D, Part II Did the organization maintain any structures? If "Yes," complete Schedule D, Part II Did the organization maintain any structures? If "Yes," complete Schedule D, Part II Did the organization and structures of the organization and the structures of the structures of the organization and the structures of the structures of the organization and the structures of the structures of the organization and the structures of the structures of the structures of the organization and the structures of the structures	2		2		X
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5 Section 591(c)(4), 591(c)(5), and 591(c)(5) organizations. Is the organization subject to the section 693(e) notice and reporting requirement and proxy tax? if "Yes," complete Schedule C, Part III 6 Did the organization maritian any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easiment, including easiments to preserve open space, the environment, historical ardrae, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation easiment, including easiments to preserve open space, the environment, historical ardrae, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for though a related organization, hold assets in term, permanent, or quasis-endownerts? If "Yes," complete Schedule D, Part V 11 Is the organization report an amount for the following questions: "Yes?" If so, complete Schedule D, Part VI 12 Did the organization report an amount for investments—other securities in Part X, line 10 If "Yes," complete Schedule D, Part X VI 13 Did the organization report an amount for rives, "complete Schedule D, Part X VI 14 Did the organization report an amount for orives, "complete Schedule D, Part X VI 15 Did the organization report an amount for orives, "complete Schedule D, Part X VI 16 Did the organization report an amount for orives, "complete Schedule D, Part X VI 17 Did the organization rep			4		X
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If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	4.5		18		
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		4.		v
	20				
	20	Did the organization operate one of more hospitals / if ites, complete schedule h		990	

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	250		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		X
20	If "Yes," complete Schedule L, Part III	21		*
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		х
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			v
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			~-
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			**
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_	<u> </u>	X
		Form	. 99n	(2000)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0			Ė
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			Ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				ĺ
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				Ė
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					É
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	′				Ė
	this return?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal		.		v
	account)?			4a		X
b	If "Yes," enter the name of the foreign country	t.				Ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	ĸ			-	É
E.a.	and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b		x
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
·	Prohibited Tax Shelter Transaction?	.9		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				ŀ
	and services provided to the payor?			7a		<u> </u>
_p _	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b ⁻	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		
	required to file Form 8282?	1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				İ
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal section of the particles.	onai		70		
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					İ
	organization, have excess business holdings at any time during the year?			8	····	
9	Sponsoring organizations maintaining donor advised funds.					ĺ
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter					Ė
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				Ė
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	اعمدا				Ė
a	Gross income from members or shareholders	11a				Ė
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				Ė
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		İ
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
<u> </u>	in 100, onto the amount of the overlyt interest receives of assisted during the Jour	1		Forn	990	(2009)

Part VI

Form 990 (2009) IMAGO DEI ACADEMY INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

<u>Sec</u>	tion A. Governing Body and Management	_						
				_	F		Yes	No
1a	Enter the number of voting members of the governing body	1:	$\overline{}$	8				
b	Enter the number of voting members that are independent	1	b	8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?				_	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors or trustees, or key employees to a management company or other person?				1	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d۶			-	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?				_	5		Х
6	Does the organization have members or stockholders?					6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members							
	of the governing body?				Ĺ	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				-	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following							
а	The governing body?				L	8a	X	
b	Each committee with authority to act on behalf of the governing body?					8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the In	tern	nal					
	enue Code.)							
							Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				ſ	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with those of the organization?					10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the							
• •	form?					11		х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					,		
12ā	Does the organization have a written conflict of interest policy? If "No," go to line 13				·	12a		- X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
J	rise to conflicts?					12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					120		
С	describe in Schedule O how this is done					12c		
12	Does the organization have a written whistleblower policy?				- F	13		х
13					-	14		x
14	Does the organization have a written document retention and destruction policy?				-	14		
15	Did the process for determining compensation of the following persons include a review and approval by							İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				-	450		x
a	The organization's CEO, Executive Director, or top management official					15a		X
р	Other officers or key employees of the organization				-	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							•
	with a taxable entity during the year?				-	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				Ì			
	the organization's exempt status with respect to such arrangements?					16b		Ь
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)						
	available for public inspection. Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st						
	policy, and financial statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е						
	organization ▶ DEE ANN CASON 1100 MICHIGAN AVEN							
A.	LAMOGORDO NM 883	10			575-	<u> 43</u>	4-3	903
		-					000	

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization	n did not compen	sate	any (curre	nt of	ficer	, dıre	ector, or trustee	,	
(A) Name and Title	(B) Average hours per	Pos	(C) Position (check all that apply)			pply)	(D)	(E) Reportable compensation	(F) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE ATTACHED LIS	r			-				0	0	0
			_		_					
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	<u> </u>	<u> </u>				_				
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	990 (2009) IMAGO DEI					nnlo	VAAS	anı	26-203 d Highest Compensated				age
	(A) ` Name and Title	(B) Average hours per week		ition	(C)	a Highest compensated employee	oply)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from organi and re organiz	nated int of ier insation the zation elated	
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1b 2	Total Total number of individuals (increportable compensation from			to th	iose	liste	d abo	ove)	who received more than \$	100,000 in			
3	Did the organization list any for	rmer officer, dire	ctor						ee, or highest compensated	i	<u> </u>	Yes	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum o	of rep	ortal	ole c	ompe	ensa	tion a	and other compensation fro	om such	3		7
5	individual Did any person listed on line 1a	a receive or accr	ue co	ompe	ensat	tion f	from	any (unrelated organization for		5		2
Sec	services rendered to the organ tion B. Independent Contract	ors											
1	Complete this table for your fiv compensation from the organize	ation	nsate	ed in	depe	ende	nt co	ntrac				<u>(C)</u>	
	Name and	(A) business address						-	Descr	(B) iption of services	c	(C) compensa	tion
			-				•	 	············				
2	Total number of independent of more than \$100,000 in competitions.						to th	nose	listed above) who receive	d	(
DAA											For	m 990	(20

Bell Ta Federated campaigns 1a Strategy	Pa	rt V	III Statement of Reve	nue	,					
Section Sect							(A) Total revenue	function	business	under sections
3 Investment income (including dividends, interest, and other similar amounts) 196	8 8	10	Endorated comparing	12				Totoliao		0.2, 0.0, 0.0.
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3 Investment income (including dividends, interest, and other similar amounts) 196	Ta'fs	С.				3,313	1			
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3 Investment income (including dividends, interest, and other similar amounts) 196	등림					90,501	1			
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3 Investment income (including dividends, interest, and other similar amounts) 196	9	<u>h</u>	Total. Add lines 1a-1f			· •	94,014			
3 Investment income (including dividends, interest, and other similar amounts) 196	ae l					Busn Code				440 400
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3 Investment income (including dividends, interest, and other similar amounts) 196	2	b	BOOKS & FEES				31,573			31,573
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3 Investment income (including dividends, interest, and other similar amounts) 196	Se	d								
3 Investment income (including dividends, interest, and other similar amounts) 196	먪	е								
3 Investment income (including dividends, interest, and other similar amounts) 196	ᅙ	f	All other program service rever	ue		L				
other similar amounts) A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Ga Gross Rents (i) Less rental expt (ii) Real (iii) Personal (iii) Personal (iv) Personal (iv) Real (iv) Real (iv		g	Total. Add lines 2a-2f			>	145,066			<u> </u>
Income from investment of tax-exempt bond proceeds Society		3	Investment income (including d	ividend	ds, interes	t, and				
Second Part Company Second Part Seco						▶	196	196		
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100 000		i								
		l		ns		▶ □	239,276	196	0	145,066

Form 990 (2009) IMAGO DEI ACADEMY INC

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

				(0)	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				!
	organizations in the U.S. See Part IV, line 21				<u></u>
2	Grants and other assistance to individuals in				‡
	the U.S. See Part IV, line 22			·····	
3	Grants and other assistance to governments,				1
	organizations, and individuals outside the				‡
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	[
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other	109,972	109,972		
12	Advertising and promotion	1,972	1,972		
13	Office expenses	5,241	5-241		
14	Information technology	1,601	1,601		
15	Royalties				
16	Occupancy	743	743		
17	Travel				
18	Payments of travel or entertainment expenses			- · · · · · · · ·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	927	927		
20	Interest	258	258		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,790	2,790		
					1
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		1		1
	and labeled miscellaneous may not exceed		1		1
	5% of total expenses shown on line 25 below)				<u></u>
а	·				ļ
b					
c					
d					
0					
f	All other expenses				<u> </u>
25	Total functional expenses.Add lines 1 through 24f	123,504	123,504		
26	Joint costs. Check here ▶ ☐ if following	1			
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation	<u></u>			

P	art X	Balance Sheet			<u> </u>		
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			12,223	1	81,699
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tru	ıstees,	key			
		employees, and highest compensated employees Comple	ete Par	t II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(B		t i			
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS(8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			-	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	478			
	Ь	Less accumulated depreciation	10b			10c	478
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,223	16	82,177
	17	Accounts payable and accrued expenses			3,474	17	2,882
	18	Grants payable	···	18	· · · · · · · · · · · · · · · · · · ·		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	<u>-</u>
Ø	21	Escrow or custodial account liability Complete Part IV of S	Schedu	le D		21	
Liabilities	22	Payables to current and former officers, directors, trustees		-			
Ē		employees, highest compensated employees, and disqual					
<u>.e</u> .		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third p	arties	-		23	
	24	Unsecured notes and loans payable to unrelated third part			45,226	24	
	25	Other liabilities Complete Part X of Schedule D			•	25	
	26	Total liabilities. Add lines 17 through 25			48,700	26	2,882
s		Organizations that follow SFAS 117, check here ▶ X	and				•
Se		complete lines 27 through 29, and lines 33 and 34.	3				
a	27	Unrestricted net assets			-36,477	27	79,295
Ba	28	Temporarily restricted net assets		Ī		28	
ᅙ	29	Permanently restricted net assets				29	
Ę	-	Organizations that do not follow SFAS 117, check here	e ▶ 「	<u> </u>			
Ē		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
ě	31	Paid-in or capital surplus, or land, building, or equipment fi	und			31	
\S 8	32	Retained earnings, endowment, accumulated income, or o		nds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		ľ	-36,477	33	79,295
Ž	34	Total liabilities and net assets/fund balances		ľ	12,223	34	82,177

Form **990** (2009)

orm	990 (2009) IMAGO DEI ACADEMY INC	26-2033277		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other			
	If the organization changed its method of accounting from a prior year or	checked "Other," explain in			
	Schedule O				ļ
2a	Were the organization's financial statements compiled or reviewed by an	independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent a	accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass	umes responsibility for oversight of		İ	
	the audit, review, or compilation of its financial statements and selection	of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process	ess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the finance	al statements for the year were			
	issued on a consolidated basis, separate basis, or both		į.		
	Separate basis Consolidated basis Both consolidated	and separate basis			
3a	As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the	organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

IMAGO DEI ACADEMY INC

Employer identification number 26-2033277

													
Pa	rt I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ns.		
The o	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, che	eck only o	ne box)							
1	\Box	A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2	X	A school des	cribed in section 170(b)(1) (/	A)(ii). (Attach Schedule E)									
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
·	city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•	ш	section 170(b)(1)(A)(iv). (Complete Part II)											
6	П	-	on 170(b)(1)(A)(iv). (Complete Part II) eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7								n the ge	neral nu	ıblıc			
′		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
					\								
8	H	-		70(b)(1)(A)(vi). (Complete Part II) more than 33 1/3 % of its suppo		ntribution	e mamh	archin fo	ae and	d arose			
9	Ш	-											
				pt functions—subject to certain e						1 113			
		• •	•	d unrelated business taxable inco			i i (ax) ii	OIII DUSI	163363				
			•	0, 1975 See section 509(a)(2). (-		~\/ 4\						
10	H	•	•	exclusively to test for public safety				corn, or	ıt tha				
11		•	•	exclusively for the benefit of, to pe				-		tion			
				ed organizations described in sec						LIOII			
				he type of supporting organization						L			
		a 📋 Type		c Type III–Function	, ,		d		e III–Oti	ner			
е		, .	•	anization is not controlled directly									
				and other than one or more publi	ciy suppor	ted organ	izations	aescribe	a in sec	cuon			
			section 509(a)(2)					•					
f		-		rmination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	g				
		•	check this box										
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribut	ion from a	ny of the							
		following per											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together w	ith person	s describe	ed in (ii)					Yes	No
		and (III) I	below, the governing body of	f the supported organization?							11g(ı)	<u> </u>	
		(ii) A famıly	member of a person describ	ed in (i) above?							11g(ıı)		
		(iii) A 35% c	ontrolled entity of a person d	lescribed in (i) or (ii) above?							[11g(iii)		
<u>h</u> _		Provide the f	following information about the	ne supported organization(s)	·		r -						
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	, , , ,	ou notify		ls the	(vii) Am		
	org	janization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	zed in the	supp	ort	
				(see instructions))	governing	document.		oort?		S?			
					Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·											
					<u> </u>								
_													
					<u> </u>								
						-							
						ļ			_				
											-		
Tota	1		1	‡	ł	1	i		1	11			

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Schodulo A	/Earm 990 a	r 990-F71	2000

Section A. Public Support

Calendar year (or fiscal year beginning in)▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

Page 3

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

(a) 2005

					1		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				_		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
С 8	Public support (Subtract line 7c from						
•	line 6)						
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					<u></u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	1 55:			
14	First five years. If the Form 990 is for the c	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	. □
500	organization, check this box and stop here tion C. Computation of Public Su		100				
	Public support percentage for 2009 (line 8,			(f))		15	%
15 16	Public support percentage from 2008 Sche	• • •	•	(1))		16	%
	tion D. Computation of Investmen			•			
17	4-						%
18							%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	nore than 33 1/3 %,		-
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ						_
	line 18 is not more than 33 1/3 %, check th						▶ _
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box	and see instructions	·	<u>, , , , , ▶ </u>

Schedule A (Form 990 or 990-EZ) 2009 IMAGO DEI ACADEMY INC

26-2033277

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

I	MAGO DEI ACADEMY INC		26-2033277
	ort I Organizations Maintaining Donor Advised Function answered "Yes" to Form 990, F	ds or Other Similar Funds or Acc Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised	
_	funds are the organization's property, subject to the organization's exclus		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi		
	used only for charitable purposes and not for the benefit of the donor or d		
	purpose conferring impermissible private benefit?	<u> </u>	Yes No
Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic st	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	tion
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	led in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is loc		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	□ v □ v
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year	
_		the comments dispose the vecs	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing col \$ \\$	riservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the	a requirements of section	
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	e requirements of section	Yes No
۵	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	
·	balance sheet, and include, if applicable, the text of the footnote to the or		
	the organization's accounting for conservation easements	•	
Pa	art III Organizations Maintaining Collections of Art, H	Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	works of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of put	blic service,
	provide, in Part XIV, the text of the footnote to its financial statements that		
b	If the organization elected, as permitted under SFAS 116, to report in its		
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or o		e the
	following amounts required to be reported under SFAS 116 relating to the	ese items	. .
а	Revenues included in Form 990, Part VIII, line 1		P *
þ	Assets included in Form 990, Part X		▶ \$

		ACADEMI INC			033211		Page Z	
Pa	rt III Organizations Maintaining C	ollections of Art,	<u> Historical Treas</u>	ures, or Other (Similar Assets_	<u>(continue</u>	<u>d)</u>	
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, chec	k any of the following	that are a significan	t use of its			
а	Public exhibition	d Loan	or exchange progran	ns				
b	Scholarly research	e Othe	r					
С	Preservation for future generations			- -	_			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	maintained as part of the	he organization's colle	ection?		Yes	No_	
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organiz	ation answered	"Yes" to Form 9	90, Part		
	IV, line 9, or reported an amo	unt on Form 990,	Part X, line 21.					
1a	Is the organization an agent, trustee, custodian of	r other intermediary for	contributions or othe	r assets not		_	_	
	included on Form 990, Part X?					Yes	No	
b	If "Yes," explain the arrangement in Part XIV and	complete the following	table					
						Amount		
c	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?				Yes	No	
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complet	e if organization a	answered "Yes" t	o Form 990, Pa	rt IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back	
1a	Beginning of year balance							
	Contributions							
c	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
•	and programs							
f	Administrative expenses							
	End of year balance				-			
2	Provide the estimated percentage of the year en	d balance held as						
	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
c	Term endowment ▶ %							
	Are there endowment funds not in the possession	n of the organization th	at are held and admir	istered for the				
- Ou	organization by	ir or are organization at				[v	es No	
	(i) unrelated organizations					3a(ı)		
	(ii) related organizations					3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	edule R?			3b		
A	Describe in Part XIV the intended uses of the org	' '						
Pa	urt VI Investments—Land, Building			0. Part X. line 1	0.			
	Description of investment	(a) Cost or other basis			ccumulated	(d) Book va	alue	
	,	(investment)	basis (othe	I	preciation			
	Land							
	Buildings							
	Leasehold improvements							
	Equipment			478			478	
	Other							
	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X. col	umn (B), line 10(c))		•		478	
. 544						de D /Form		

	orm 990) 2009 IMAGO DEI ACADEMY INC		26-2033277	Page 3
Part VII	Investments—Other Securities. See Form 990,			
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	1 e
inancial denv	ratives			
Closely-held e	quity interests			
Other				
			<u> </u>	
		-		
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 990	, Part X, line 13.		,
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	16
				_
		-		
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.		(5) 0	
	(a) Description		(b) B	ook value
				
				
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, line 25			
 1	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
			_	
			4	
			-	
			1	
	- 		-{	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

_	dule D (Form 990) 2009 IMAGO DEI ACADEMY INC		·2033277	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 99	00 to Audited Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	
_	rt XII Reconciliation of Revenue per Audited Financial Stat		per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	<u> </u>		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:) [
٠ •	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Sta	tements With Expens		
1	Total expenses and losses per audited financial statements	tomonto vital Expone	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:] [
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a h	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information		·····	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III lines 1a and 4 Part IV line	es 1h	
	th, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part X			
	art to provide any additional information	יוון ווווכט בט עווע אם ייווטס סטווין	pioto	
uno p	art to provide any additional information			
				~ -
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Schedule D (Fo	rm 990) 2009	IMAGO DEI	ACADEMY	INC	26-2033277	Page 5
Part XIV	Supplemen	IMAGO DEI tal Information	(continued)			
			(5,511,111,111,111)			
						- -
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						_ _
				-		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	IMAGO DEI ACADEMI INC	26-2033277			
				YES	NO
1	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?	<u></u>	1	х	
2	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?		2	х	
3	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, use Schedule O (Form 990) PUBLIC PUBLICATION OF ALL ORGANIZATION POLICIES ARE MAI	h	3	х	
	ANNUALLY.				
			- 1	-	
				-	
				1	
4	Does the organization maintain the following?		- 1	1	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	\mathbf{x}	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	<u> </u>			
	nondiscriminatory basis?		4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		4-	x	
	with student admissions, programs, and scholarships?	F-	4c 4d	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	 	40		
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			1	
				1	
			- 1	1	
5	Does the organization discriminate by race in any way with respect to			I	
a	Students' rights or privileges?		5a		<u> </u>
b	Admissions policies?	L	5b		<u> </u>
С	Employment of faculty or administrative staff?	<u></u>	5c		<u> </u>
d	Scholarships or other financial assistance?	_	5d_		<u> </u>
0	Educational policies?	L	5e		<u> </u>
			_		77
f	Use of facilities?	F	5f		<u> </u>
			_		v
g	Athletic programs?	-	5g		<u> </u>
_			_		х
h	Other extracurricular activities?	 -	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)			1	
	<i>v</i> ,			1	
				1	
				1	
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a		X
b	Has the organization's right to such aid ever been revoked or suspended?		6b		X
•	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	Γ			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	Į.		1	
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)		7	х	:

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

IMAGO DEI ACADEMY INC

Employer identification number 26–2033277

Form 990, Part III, Line 4d - All Other Achievements EDUCATIONAL EXPENSES SUCH AS SECURITY AND INSURANCE.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE ON REQUEST.

Imago Dei Academy

Board Members 2010-2011

Permanent Board Seats:

Seat 1. Mr Joe Cantu (Sabbatical May 2010 to April 2011)

Seat 2. Mrs Dee Ann Cason (founder)

Seat 3. Mrs Adair Paul (founder)

Seat 4. Mr Ken Wernle

Seat 5 Mrs Donna Winters

Temporary Board Seats:

Seat 6 Mrs Cathy Holmberg (thru Jan 2011)

Seat-7 -- Mr. Dan-Dygert-(thru-Jan-2012)- ---

Seat 8 Mrs. Deneen Black (thru Jan 2013)

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th		◆ File a separate application for each return.						
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
If you are	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not compl	lete Part II unio	ss you have already been granted an automatic 3-month extension on a previously filed Form	8868					
Part I	Automati	3-Month Extension of Time. Only submit original (no copies needed).						
A corporation Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			◆ □			
All other corpo	orations (includi	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extens	on of					
		nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tim	e to file					
one of the retu	irns noted belo	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886	3					
electronically i	f (1) you want t	he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	group					
returns, or a c	omposite or co	isolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part	I) of Fori	m				
8868 For mor	e details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits	i					
Type or	Name of Exe	empt Organization	Employ	er ident	ification number			
print File by the	IMAGO	DEI ACADEMY INC	26-2	0332	77			
due date for filing your	Number, street, and room or suite no If a P O box, see instructions 1100 MICHIGAN AVENUE							
return See instructions	City, town or	post office, state, and ZIP code For a foreign address, see instructions ORDO NM 88310						
Form 99 Form 99 Form 99 Form 99 Form 99 If the books Telephone If the orga If this is for the whole go a list with the life of the control of	90-BL 90-EZ 90-PF s are in the care e No ◆ 57 anization does re or a Group Retu group, check the names and EIN st an automatic 02/15/11 organization's re calendar year	If it is for part of the group, check this box and as of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is eturn for	f this is		Form 4720 Form 5227 Form 6069 Form 8870			
If this ta		ning 07/01/09, and ending 06/30/10 is than 12 months, check reason Initial return Final return Change in	account	ing pend	od			
		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
		e credits. See instructions	3a	\$				
		de any prior year overpayment allowed as a credit	3b	\$				
		t line 3b from line 3a Include your payment with this form, or, if required,						
deposit	with FTD coup	on or, if required, by using EFTPS (Electronic Federal Tax Payment	_					
) See instruction		3c	\$				
		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	O					
for payment in					0000			
For Privacy	Act and Paper	vork Reduction Act Notice, see Instructions.		F	orm 8868 (Rev 4-2009)			