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Short Form

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org. anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

A	For t	he 2008 ca	<u>lendar</u> y	r, or tax year beginning Jul 1	, 2008, and er	nding Jun 3			, 2009
B_	Check	ıf applıcable	ļ	Name of organization			D Emp	oloyer i	dentification number
	Addres	s change		NEJO SCHOOLS FOUNDATION			02	-07	05355
	Name	change	label or print or	Number and street (or P O box, if mail is not delivered to	street address) Ro	om/suite	E Tele	phone	number
\vdash	Initial r		type. See	00 JANSS RD			(8	105)	497-9511
-	Termin		Specific	City or town, state or country, and ZIP + 4	······································		1		
\vdash		led return	Instruc- tions.	,	63 01	260			kemption
	Applica	ation pending	L	OUSAND OAKS	CA 91	362		nber	'''
		• Section :	501(c)(3	ganizations and 4947(a)(1) nonexempt char	itable trusts	G Accounting		l: <u> X</u>	Cash Accrual
		n	nust atta	a completed Schedule A (Form 990 or 990-l	<i>:Z).</i>	Other (spe			
			- /-			H Check ►			janization is not
ı		site: ► <u>N</u>	·•			990-EZ, or			lule B (Form 990,
1		ization type			1947(a)(1) or 527				
K	Chec	k ► ∐ıf	the orga	ation is not a section 509(a)(3) supporting o	rganization and its g	iross receipts a	re norma	ally no	ot more than
				quired, but if the organization chooses to file			return		
L	Add I	ines 5b, 6	b, and 7	o line 9 to determine gross receipts, if \$1,00	0,000 or more, file F	orm 990			007 406
		ad of Form				· · · · · · · · · · · · · · · · · · ·		<u> </u>	397,486.
Pa	<u>rt l</u>			enses, and Changes in Net Assets	s or Fund Balan	ces (See the	<u>instru</u>	ction	
	1	Contribut	ions, gif	grants, and similar amounts received				1	47,921.
	2	Program	service	enue including government fees and contract	ts	,		2	347,864.
	3	Members	hip dues	d assessments			L	3	
	4	Investme	nt incom				. L	4	1,701.
	5a	Gross arr	nount fro	ale of assets other than inventory	5a			ŀ	
	b	Less cos	st or othe	asis and sales expenses .	5b				
R	C	Gain or (los	s) from sa	assets other than inventory (Subtract In 5b from In 5a)	(att sch) .			5c	
Ž	6	Special ever	nts and ac	es (complete applicable parts of Schedule G). If any am	ount is from <mark>gaming,</mark> che	ck here	• 📋 T		
REVERU	a			ncluding \$ of contri			_		
Ų	_	reported (•		6a		1	ļ	
~	Ь	•		s other than fundraising expenses	6b				
	ı		•	special events and activities (Subtract line 6b from line	·			6c	
	ı		, ,	tory, less returns and allowances .	7a				······································
	ı	Less: cos		• •	7b	· · · · · · · · · · · · · · · · · · ·		-	
	•		_	from sales of inventory (Subtract line 7b fro	لتبتا			7c	
	1 _				in inic ray .	• •	、	8	
	8	Other reven	•				—' ↓		207 406
	9			ines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<u> </u>			9	397,486.
	10			mounts paid (attach schedule) [RECEIV	(ED	· · · · ·	10	
E	11		•	r members			· [11	
X	12	Salaries,	other co	ensation, and employee benefits	(0)	2010.	· · ·	12	37,527.
Ė	13	Professio	onal fees	d other payments to independent contractors	8 FEB 23	2010.		13	2,615.
S	14	Occupan	cy, rent,	ities, and maintenance		· &		14	
5	15			s, postage, and shipping	CODEN	117		15	32.
	16	Other expen	nses (desc	► See Other Expenses Statement	OGDEN	, 01	_)	16	375,940.
	17	Total exp	enses (lines 10 through 16)	••••		. 🏲	17	416,114.
	18	Excess o	r (deficit	r the year (Subtract line 17 from line 9) .			. [18	-18,628.
S	19	Net asset	ts or fun	alances at beginning of year (from line 27, c	olumn (A)) (must ad	ree with end-of	vear		
N S		figure rep	orted or	ior year's return)			[19	319,663.
Ţ	20	Other cha	anges in	assets or fund balances (attach explanation	1)		. [20	
S	21			alances at end of year. Combine lines 18 thr			▶	21	301,035.
Pa	rt II			ets. If Total assets on line 25, column (B) a		re, file Form 99	0 instead	d of F	
نت				(See the instructions for Part II)		(A) Beginnin			(B) End of year
22	Ca	sh, saving:	s, and in				,567		302,983.
23			•					23	0.
24		ner assets			•		0		0.
25		tal assets	(describ			320	,567		302,983.
26				► See L-26 Stmt	· · · · ·		904		1,948.
27				ices (line 27 of column (B) must agree with	June 21)	310	663		301,035.
				perwork Reduction Act Notice, see the instru			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	!	Form 990-EZ (2008)
	~	vacy /	not all	aintain meddecton net nodes, see die ilisti					(-300)

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Par	<u>t III </u>	 Statement of 	of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the or	ganization's primary e	xempt purpose? To I	PROVIDE FINANCIAL SUPPORT TO	THE SCHOOLS OF THE CONEJ	O VALLEY UNIFIED	(Requ	uired for 501(c)(3)
Desc desc progr	nbe wribe the ram tit	that was achieved le services provide le.	in carrying out the ed, the number of i	organization's exempt purpo persons benefited, or other re	ses. In a clear and conc levant information for ea	cise manner, ach	4947	4) organizations and (a)(1) trusts; optional hers.)
			TO THE SCH	HOOLS ENHANCED LEA	RNING IN THE A	REAS		
_				TICS, READING, WRIT				
				E DISTRICT BENEFI		PROGRAMS	1	
				is amount includes foreign gra		- 1.000.01.11.1	28a	347,864.
20	(Grai	115 \$	12,500.) 11 111	is amount includes loreign gra	arits, check here .		20 a	347,004.
29								
		. 						
	(Gran	nts \$) If the	s amount includes foreign gra	ants, check here	▶	29 a	
30								
	(Gran	nts S) If the	is amount includes foreign gra	ants, check here	-	30 a	
31			s (attach schedule)				331	
٥.	(Gran			s amount includes foreign gra	ants check here	▶ 🗀	31 a	
32				es 28a through 31a)	arto, check nere .		32	347,864.
Par				Trustees, and Key Em	DIOVERS (List each o	no even if not com		
rai	LIV	LIST OF OTHE	ers, Directors,					
		(a) Name and ad	Idress	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan		(e) Expense account and other allowances
				to position	,	deferred compensa		
MIK	E S	OULES					-	· · · · · · · · · · · · · · · · · · ·
		APELLA WAY		PRESIDENT				
		KE VILLAGE	CA 91362	2.00	0.		ο.	
			CASISOZ	2.00	<u> </u>	<u> </u>		
		CARLSON						
		ALET_CIRCLE		VICE PRESIDENT			_	
THC	USA	ND OAKS,	CA 91320	2.00	0.		0.	
LAU	RIE	LAM	~					
245	AC	ACIA RD		SCRETARY				
THC	USAI	ND OAKS	CA 91320	3.00	0.		Ο.	
NEI	L J	URGENS		· · · · · · · · · · · · · · · · · · ·				
	:	ALLEGHENY		TREASURER				
	:	KE VILLAGE	CA 91362	2.00	0.		Ο.	
			CR 91302	2.00	<u> </u>		<u> </u>	
		MCKAY				1		
		YNNEMERE_		FINANCIAL SECRETARY	1		_	
THC	USAI	ND OAKS	CA 91360	3.00	0.		0.	
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BAA				TEEA0812 0	1/14/09			Form 990-EZ (2008)

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Page 2

Form 990-EZ (2008) CONEJO SCHOOLS 'FOUNDATION

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
34	each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33		X
		34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	1		,
a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			l
	proxy tax requirements?	35 a		<u>x</u>
	b if 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions			ز
ı	b Did the organization file Form 1120-POL for this year?	37 b		X
38;	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<u>x</u>
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations Enter			1
	a Initiation fees and capital contributions included on line 9			;
	b Gross receipts, included on line 9, for public use of club facilities	ł		
40 :	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			'
	section 4911 ► ; section 4912 ► , section 4955 ►			
,	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		x
(c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			;
(d Enter amount of tax on line 40c reimbursed by the organization			!
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40.		
41	Shelter transaction? If 'Yes,' complete Form 8886-1	40 e		<u> </u>
71	List the states with which a copy of this folder is med			
42	a The books are in care of ANDREA LAMBERT Telephone no. > (805)	497	<u>-95</u> 1	<u>-1</u> _
	Located at ► 1400 JANSS RD THOUSAND OAKS CA ZIP + 4 ► 91362	- -		
ı	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)? .	42b		X
	If 'Yes,' enter the name of the foreign country. ►			
				•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			1
(c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		x
	If 'Yes,' enter the name of the foreign country			
4 3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	
75	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	LJ	
	· · · · · · · · · · · · · · · · · · ·		·	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	<u> </u>		T
~) 	Form 990 must be completed instead of Form 990-EZ	45	L	x
2 A A	TECANO 0.114/00 En	rm 001	LE7 /	つつへの

Part VI	Section 50 and complete	J1(c)(3) organizations ete the tables for line	s only. All section ! es 50 and 51.	501(c)(3) orga	nızatıons	must answer qu	estions	46-4	.9
46 Did th	ne organization	engage in direct or indirec	t nolitical campaign act	vities on behalf o	f or in oppo	sition to candidates		Yes	No
for pu	ublic office? If 'Y	'es,' complete Schedule C,	, Part I	,			46		X
47 Did th	ne organization	engage in lobbying activiti	es? If 'Yes,' complete S	chedule C, Part II			47		X
48 Is the	organization of	perating a school as descri	ibed in section 170(b)(1)(A)(II)? If 'Yes,' (complete So	chedule E	48		X
49 a Did th	ne organization	make any transfers to an e	exempt non-charitable r	elated organizatio	n?		. 49a		x
b If 'Ye	s,' was the rela	ed organization(s) a section	on 527 organization? .				49 b		
50 Comp	olete this table f	or the five highest compen 3100,000 of compensation	sated employees (other	than officers, direction of the the thick that the thick that is none, end the thick that the th	ectors, trus nter 'None.'	tees and key employ	ees) who	each	
		of each employee paid	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Co	ntributions to employee benefit plans and ferred compensation	(e) Ex accou other all	pense int and owance:	s
NONE									
							· · · · · · · · · · · · · · · · · ·		
								· - · - · · ·	
									
Total number	of other employees	paid over \$100,000							
51 Comp	plete this table f the organization	or the five highest compen n. If there is none, enter 'N	isated independent cont one.'	ractors who each	received m	ore than \$100,000 o	f compens	sation	
· 	(a) Name and	address of each independent contr	actor paid more than \$100,000)	(b) Ty	pe of service	(c) Comp	pensatio	'n
NONE									
			·						
			·						
		,							
. 									
otal numb		pendent contractors receive		. ►					
	Under pepalties of true, correct and o	perjury, I declare that I have examination of preparer (nned this return, including acco other than officer) is based on	ompanying schedules a all information of which	nd statements, preparer has a	and to the best of my know any knowledge	vledge and b	elief, it i	iS
Sign		WW 119W	4		(2/16/10			
lere	Signature of o	ficer			D	ate			
	DIANNE	MCKAY	J		FIN	ANCIAL SECET	ARY		
	Type or print r	ame and title							
Paid Pre-	Preparer's signature	KATHRYN K. WALT	ERS	Date 02/1	7/10	Check if self-employed	arer's Identi instructions	fying Nu	mber
re- parer's	Firm's name (or	KATHRYN K WALTE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Jse	yours if self- employed).	2847 COLUMBINE				EIN ►			
Only	address, and ZIP + 4	THOUSAND OAKS		CA 913	60	Phone no. ► (805)	496-	5352	2
May the IRS	S discuss this re	eturn with the preparer sho	own above? See instruc				►X Yes	; []	No
BAA							Form 99	0-EZ	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Open to Public Inspection

lame (of the	organization			•				Employer	identificat	ion number		
CON	EJ	SCHOOLS FO	UNDATION						02-07	705355	5		
Par	t I	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see ı	nstruct	ions)		
The c	rga	nization is not a priv	ate foundation becaus	e it is: (Please check onl	ly one or	ganızatı	on.)						
1		A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section '	170(Ь)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A	Xii). (Attach Schedule E	.)								
3	П	A hospital or coope	rative hospital service	organization described ii	n sectio	n 170(b)	(1)(A)(ii). (Atta	ch Sche	dule H)			
4		A medical research	organization operated	d in conjunction with a ho	spital de	scribed	ın secti	on 170(Ь)(1)(А)(iii). Ente	r the hosp	ıtal's	
		name, city, and sta-	te:	•	-								
5		An organization open 170(b)(1)(A)(iv). (Control of the control of	erated for the benefit of complete Part II.)	of a college or university		•	_	_	nental u	nıt descr	ibed in sec	tion	
6 7		An organization tha		overnmental unit describe substantial part of its sup art II)					or from t	he gener	ral public d	escrib	ed
8				70(b)(1)(A)(vi). (Complete	e Part II.)							
9	$\overline{\mathbf{x}}$	•		1) more than 33-1/3 % of		•	contrib	utions. i	member	ship fees	s. and gros	s rece	epts
	رت	from activities relations	ed to its exempt functi	ions – subject to certain i ss taxable income (less si	exceptio	ns, and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support f	rom gr	OSS
10				exclusively to test for pub	lic safet	y. See s	ection 5	509(a)(4). (see i	nstructio	ns)		
11		more publicly support	orted organizations de	exclusively for the benefit escribed in section 509(a))(1) or s	ection 50	09(a)(2)	ions of, See s	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one box t	or hat
			b Type II	ation and complete lines of Type III		-		-d		4 □	Type III-	Othor	
_			·	ا Type النظامة المعارضة المعا		-	_		more d	u [
е	L	than foundation ma 509(a)(2)	nagers and other than	one or more publicly sup	pported	organiza	itions de	scribed	in section	on 509(a	i)(1) or sec	tion:	
f		If the organization r check this box.	eceived a written dete	ermination from the IRS the	hat is a	Type I, ∃	Гуре II о	r Type I	II suppo	rtıng org	anızatıon,		. 🗆
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?		<u> </u>	1
		(i) a person who	directly or indirectly o	ontrols, either alone or to	naether v	with ners	sons des	cribed i	n (u) an	d (m)		Yes	No
		below, the go	verning body of the su	ipported organization?	ogether t	·			. (11) (11)	u ()	11 g (i)	<u> </u>	
		(ii) a family mem	ber of a person desci	ribed in (i) above? .					•		11 g (ii)	<u> </u>	L
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab-	ove?				•		11 g (iii)		<u> </u>
h		Provide the following	ig information about th	ne organizations the orga	nızatıon	supports	s.						
	(1	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the non in col in your ming ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col. zed in the 5 ?	(vil) Amou	nt of Su	pport
					Yes	No	Yes	No	Yes	No			
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					ļ			ļ	<u> </u>				
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													-
													
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[ntal					1			1	1	}			

	(Complete only if you checke	_						· •
Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')					· · · · · · · · · · · · · · · · · · ·		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.							
3	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							
4	Total. Add lines 1-3 .							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	······································		r	·			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ities, etc. (see ins	tructions) .				12	
	First five years. If the Form 990 organization, check this box and	stop here .			r fifth tax year as a		1(c)(3)	▶∏
	tion C. Computation of Pu							
14 15	Public support percentage for 200 Public support percentage for 200		• • • • • • • • • • • • • • • • • • • •	e 11, column (f)			14 15	% %
16	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1/	3 % or mor	e, ched	ck this box
Į	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a publ	not check a box of licly supported org	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or mo	re, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-ar	nd-circumstances	test, check this t	oox and stop here.	Explain in	Part IV	10% how ► []
1	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nď-circumstances'	test, check this b	oox and stop here.	Explain in I	Part IV	
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,				uctions Do or 990-EZ) 2009

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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)

Sec	tion A. Public Support	NOG THE BOX OIT HIS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	····	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	62,829.	226,300.	273,126.	309,985.	47,92	1. 920,161.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose	96,197.	245,654.	178,270.	2,657.	347,86	4. 870,642.
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 1-5	159,026.	471,954.	451,396.	312,642.	395,78	5. 1,790,803.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.			0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11.						
	and 12 for the year or \$5,000 .	0.	0.	0.			0.
	: Add lines 7a and 7b	0.	0.	0.			0.
8	Public support (Subtract line						
	7c from line 6.)				<u> </u>		1,790,803.
	tion B. Total Support				······································		
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Amounts from line 6 .	159,026.	471,954.	451,396.	312,642.	395,78	5. 1,790,803.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	184.	833.	1,645.	2,342.	1,70	4. 6,708.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b	184.	833.	1,645.	2,342.	1,70	4. 6,708.
11	Net income from unrelated business activities not included inline 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.)						
	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(1,797,511.
					-	······································	
	tion C. Computation of Pul						
	Public support percentage for 200	• •				· · · -	15 99.63%
	Public support percentage from 2				<u> </u>		16 99.77%
Sec	tion D. Computation of Inv						
		- 2000 /lune 10e e	object (f) devided	bv line 13. colum	n (f))	'	17 0.37%
17	Investment income percentage for		• • •	-	***		
18	Investment income percentage from 33-1/3 support tests — 2008. If the	om 2007 Schedule e organization did	A, Part IV-A, line not check the box	27h on line 14, and	line 15 is more th	an 33-1/3%, a	18 0.23 % and line 17 is not
18 19 <i>a</i>	Investment income percentage from	om 2007 Schedule e organization did ox and stop here.	A, Part IV-A, line not check the box The organization of	27h on line 14, and jualifies as a publ	line 15 is more th	an 33-1/3%, a janization	and line 17 is not ► 🗓

Schedule /	A (Form 990 or 990-EZ) 2008	CONEJO SO	CHOOLS	FOUNDATION	02-0705355	Page 4
Part IV	A (Form 990 or 990-EZ) 2008 Supplemental Informa Part II. line 17a or 17b	tion. Complet or Part III. li	e this pa	art to provide the	e explanation required by Part II, line radditional information. (see instructi	10;
	- Care 11, 11110 174 01 175	, 0, 1 (11, 11, 11	7.0 12.1	Tovido dity outlo	additional information (odd indiada)	01137
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Other Assets and Liabilities

2008

lame as Shown on Return CONEJO SCHOOLS FOUNDATION		Employer Ide 02-07053	entification No 355
Line 24 - Other Assets:	Beginnin of Year	g I	End of Year
Totals to Form 990-EZ, Part II, line 24 Line 26 - Total Liabilities:	Beginnin of Year	g l	End of
ACCRUED PAYROLL TAXES		04.	1,948.
Totals to Form 990-F7. Part II. line 26		04	1 . 948 .

TEEW1801.SCR 04/21/08

Form 9	990-EZ,	Part I	, Line	16
Other	Expens	es Sta	temer	nt

PROGRAM SERIVCES OFFICE EXPENSE	373,892. 1,164.
INSURANCE LICENSE AND PERMITS	360. 190.
WEBSITE	334.