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Department of the Treasury Internal Revenue Service

ECAINNED. 10(15

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)

Inspection

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

Open to Public

A F	or the	2008 ca	lendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009	
Вс	heck if	Please	C Name of organization	D Employer identific	cation number
а	plicabl	use IRS			
	Addre chang	ss label or e print or	PENINSULA SCHOOL, LTD.		
	Name chang	e type	Doing Business As	94-1	186181
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	E Telephone number	r
	Termir	1- Specific	920 PENINSULA WAY	650-	<u>325-1584</u>
	Ameno	ded tions	City or town, state or country, and ZiP + 4	G Gross receipts \$	4,063,209.
	Application		MENLO PARK, CA 94025	H(a) Is this a group re	eturn
	pendir	F Nar	ne and address of principal officer:KATHLEEN DALGLEISH	for affiliates?	Yes X No
		920	PENINSULA WAY, MENLO PARK, CA 94025	H(b) Are all affiliates inc	luded? Yes No
<u> </u>	ах-өх	empt state	us: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
JΜ	/ebsit	te: 🕨 WW	W.PENINSULASCHOOL.ORG	H(c) Group exemption	n number 🕨
		organizatio	n: X Corporation Trust Association Other L Yea	r of formation: 1925 N	State of legal domicile: CA
Pa		Summ		····	
9	1	Briefly de	scribe the organization's mission or most significant activities. A NONPROF	IT EDUCATION	AL CENTER
Governance	_	Ob a all the	s box In the organization discontinued its operations or disposed of mo	ro than 25% of its spect	
Ver			_	3	
Ĝ			if voting members of the governing body (Part VI, line 1a)	4	15
≪ರ			of independent voting members of the governing body (Part VI, line 1b)	5	<u></u>
ţie			ber of employees (Part V, line 2a)	6	250
Activities			s unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
A		_	ated business taxable income from Form 986T, links 2 0 2010	7a 7b	0.
	<u> </u>	iver diller	area business taxable income noni Point agos, interpret At a 1 with the Call	Prior Year	Current Year
	8	Contribut		705,934.	433,550.
Revenue			service revenue (Part VIII, line 1h) Service revenue (Part VIII, line 2g)	3,139,069.	3,389,097.
Ş		•	nt income (Part VIII, column (A), lines 3, 4, and 7d)	161,721.	80,252.
<u>۾</u> ا			enue (Part VIII, column (A), lines 5, 4, and 70)	101,721.	00,232.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,006,724.	3,902,899.
_			d similar amounts paid (Part IX, column (A), lines 1-3)	1/000//211	<u> </u>
			paid to or for members (Part IX, column (A), line 4)		
s		•	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,934,482.	3,296,185.
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		
per			Iraising expenses (Part IX, column (D), line 25) ► 13,761.		
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	741,908.	567,802.
			enses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,676,390.	3,863,987.
			less expenses Subtract line 18 from line 12	330,334.	38,912.
is or				Beginning of Year	End of Year
land	20	Total asse	ets (Part X, line 16)	6,916,012.	6,209,638.
Ass			lities (Part X, line 26)	1,401,999.	1,585,700.
Net Assets or Fund Balances			s or fund balances Subtract line 21 from line 20	5,514,013.	4,623,938.
Pa	rt II		ture Block		
			ities of perjury, I declare that I have examined this return, including accompanying schedules and statements te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg		ge and belief, it is true, correct,
					-1
Sign	1	<u> </u>	Lach liften	N 21	7/10
Here	•	Sign	nature of officer	Date	
		-	Kathleen C Dalgleish, Director		
		Тур	e or print name and title		
Paid		Preparer's		elf- (see ins	or's identifying number structions)
	arer's	Signature Firm's name	Jaca // (0x000 CFM 5,19.10) e	mployed 🕨 💹	
Use (yours if	MORION & ASSOCIATES, INC.	EIN -	
-		self-employ address, an	230 CHIBRIDGE HVEROE, BOTTE TOT		CEO\ 000 555=
		ZIP + 4	PALO ALTO, CA 94306	Phone no. ► (<u>650) 323-6665</u>
May	the II	DC diagric	e this return with the preparer shown above? (see instructions)		X Ves No

6-15

Form 990 (2008)

	990 (2008) PENINSULA SCHOOL, LTD.	<u>94-1</u> 3	<u> 186181</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission A NONPROFIT EDUCATIONAL CENTER			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes", describe these new services on Schedule O.		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes", describe these changes on Schedule O.	es?	LYes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code:) (Expenses \$ 2,753,480. including grants of \$ REGULAR SCHOOL PROGRAMS) (Revenue \$	2,937,	152.)
4b	(Code.) (Expenses \$ 182,438. including grants of \$ SUMMER SCHOOL PROGRAMS) (Revenue \$	212,	464.)
4c	(Code) (Expenses \$ 172,380. including grants of \$ CHILD CARE PROGRAMS) (Revenue \$	239,	481.)
4d	Other program services (Describe in Schedule O) (Expenses \$ 18,793. including grants of \$) (Revenue \$ -585)	,989.)		
4e	Total program service expenses ▶\$ 3,127,091. (Must equal Part IX, Line 25, column)			

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Form 990 (2008) PENINSULA SCHOOL, LTD.

Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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 D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	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 IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	_11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	ı		,,
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٦,
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23_		
24 a	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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		х
.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
-	prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Х	
		Form	990 (2008)

Form 990 (2008) PENINSULA SCHOOL, LTD.
Part IV Checklist of Required Schedules (continued)

			162	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		_X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31_		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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 301.7701-37 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		<u>X</u>
			~~~	

PENINSULA SCHOOL, LTD. 94-1186181 Statements Regarding Other IRS Filings and Tax Compliance Part V Ye<u>s</u> No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3 U.S. Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 72 filed for the calendar year ending with or within the year covered by this return 22 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 82822 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have X excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? Х b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A 10<u>a</u> a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

Form 990 (2008)

12a

11a

11b

11

Section 501(c)(12) organizations. Enter N/A

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Gross income from members or shareholders

amounts due or received from them)

Form 990 (2008) PENINSULA SCHOOL, LTD. 94-1186181 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body  12			
b	Enter the number of voting members that are independent  1b 15			
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		х
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?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
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	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
	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 the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal	
	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 organiza	tion: 🕨	•	
	KATHY KOO - 650-325-1584			
	920 PENINSULA WAY, MENLO PARK, CA 94025			

# 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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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

(A) Name and Title	(B) Average			(e Pos	C) itior	1		( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours	(с	hecl	k all	that	app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	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
DOUG JONES										
PRESIDENT	2.00	X		X				0.	0.	0.
MARTHA ROCK										
VICE PRESIDENT	2.00	X		X				0.	0.	0.
SCOTT PYNE										
TREASURER	2.00	X	<u></u>	X	<u>L</u>	ļ		0.	0.	0.
MARY LEA KIRVEN		1			ĺ					
SECRETARY	2.00	X		X		L		0.	0.	0.
ALEX PANG		ļ								
BOARD MEMBER	2.00	X			<u> </u>			0.	0.	0.
DAN KALT					i					
BOARD MEMBER	2.00	X						0.	0.	0.
DAN ZIGMOND									_	_
BOARD MEMBER	2.00	X	ļ	_	<u> </u>	1		0.	0.	0.
DAVID QUINN										_
BOARD MEMBER	2.00	X	<u> </u>	_		<del> </del>		0.	0.	0.
MARY HOFSTEDT		l								
BOARD MEMBER	2.00	X	<u> </u>	-	_	ــ		0.	0.	0.
MICHAEL POLENTZ	0.00									•
BOARD MEMBER	2.00	X.	├	-	⊢	-		0.	0.	0.
REBECCA ALEXANDER	2 00	٠,,	i		İ			ا م	0	0
BOARD MEMBER	2.00	X		-	┢╌	-		0.	0.	0.
STEVE HERROD	2.00	₹.						0.	0.	0.
BOARD MEMBER WENDY JUSTUS	2.00	Α	$\vdash$	-	H	┼		U•		0.
BOARD MEMBER	2.00	<b>.</b>						0.	0.	0.
RUSSELL FONG	2.00	^	-	-		-		<u>0</u> •		<u> </u>
BOARD MEMBER	2.00	v						0.	0.	0.
JANE MANNING	2.00	^			<del> </del>	+-				
BOARD MEMBER	2.00	v						o.	0.	0.
JERRY HEARN	2.00	**		-	<del>                                     </del>	$\vdash$				<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
ELIZA THOMAS		<u></u>			<u> </u>	1	_			
BOARD MEMBER	2.00	Y						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	<u>istees, Key Ei</u>	mpl	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				_
` (A)	(B)			-	C)			(D)	(E)			(F)	
Name and title	Average	١,,	heck	Posi	-		. 1 3	Reportable	Reportable compensation		l	stimate nount	
	hours per week	ndividual trustee or director	nstitutional frustee	Officer		Highest compensated Employee	<u>, , , , , , , , , , , , , , , , , , , </u>	compensation from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d IS	com fr org an	other other of the other of the other othe	ition e ion ed
		=	=	ō	ž	¥ 5	-						
LIZ CAULKINS	2 00	Ţ						0.		0.			0.
BOARD MEMBER LUCILLE DACANAY	2.00	^	-	_		一	-		-				<u> </u>
BOARD MEMBER	2.00	x						0.		0.			0.
KATHLEEN C DALGLEISH													
DIRECTOR/HEAD OF SCHOOL	40.00	X			X			127,279.		0.			0.
												-	
1b Total	<u> </u>	L	L		<u> </u>		<u> </u>	127,279.		0.			0.
2 Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0						
compensation from the organization	·											W	1
									.1			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			э, ке	y em	npio	yee,	or r	nignest compensated er	npioyee on		3		X
4 For any individual listed on line 1a, is the su			amo	ensa	atior	n and	d oti	her compensation from	the organization				
and related organizations greater than \$15									•		4		X
5 Did any person listed on line 1a receive or a				rom	any	/ uni	relat	ed organization for serv	ices rendered to				
the organization? If "Yes," complete Sched	ule J for such	pers	son								5		X
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	den	ende	ent c	ont	racto	ore t	hat received more than	\$100 000 of con	nnens	ation	from	_
the organization NONE	inpensated in	чор.	0110					The room of more than					
(A) Name and business	address							(B) Description of s	services			C) nsatio	n
							_						
						_							
2 Total number of independent contractors (i		e in	1) wl	ho re	ecei	ved	mor	re than \$100,000 in com	pensation				
from the organization	0							·				000	2005

		(2008) PENII	NSULA SCH	IOOL, LTI	) <b>.</b>		94-1186	181 Page <b>9</b>
Pa	rt VI	II Statement of Reve	nue			<u> </u>		
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, graits similar amounts not included about Noncash contributions included in line	tions) 1d 1e nts, and ove 1f 2	78,694.				
S	_	Total. Add lines 1a-1f	3 1a-11 ¥		433,550.			
Program Service Revenue	2 a b c d	TUITION & FEES		Business Code 611600		3,389,097.		
۱ -		All other program service revi	enu <del>o</del>		2 200 005			
	3	Total, Add lines 2a-2f Investment income (including other similar amounts)		est, and	99,482.			99,482.
	4 5	Income from investment of ta Royalties	(i) Real	(II) Personal				
	С	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		•				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 53,816.					
	d	and sales expenses Gain or (loss) Net gain or (loss)	-19,230.		-19,230.	-19,230.		
Other Revenue	b	Gross income from fundraisir including \$ 178,6 contributions reported on line Part IV, line 18 Less: direct expenses	594. of e 1c) See a b	0.5.4				
		Net income or (loss) from fun Gross income from gaming a	ctivities See					
	С	Part IV, line 19 Less direct expenses Net income or (loss) from gar						
İ	b	Gross sales of inventory, less and allowances Less cost of goods sold	a b					
ł	<u>c</u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code			<del></del>	
	11 a b							
	d	All other revenue	<del></del>					
İ	е	Total. Add lines 11a-11d		<b>•</b>				
83200 02-02	12 9 -09	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	Oc, and 11e	3,902,899.	3,369,867.	0.	99,482. Form <b>990</b> (2008)

#### Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to comple	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	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	127,279.	96,362.	30,917.	
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	2,615,770.	1,959,196.	656,574.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	352,172.	352,172.		
10	Payroll taxes	200,964.	177,853.	23,111.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	13,512.	9,704.	3,808.	
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	106,099.	106,099.		
23	Insurance	53,205.	53,205.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PROGRAM SUPPLIES	76,642.	76,642.		
a b	TECHNOLOGY EXPENSE	52,974.	48,611.	4,363.	
C	PROFESSIONAL FEE	48,409.	48,409.	=,505•	
d	REPAIRS & MAINTENANCE	45,637.	45,637.		
e e	MISCELLANEOUS	40,066.	26,305.		13,761.
e f	All other expenses	131,258.	126,896.	4,362.	13,101.
	Total functional expenses. Add lines 1 through 24f	3,863,987.	3,127,091.	723,135.	13,761.
<u>25</u> 26	Joint Costs. Check here	3,003,301.	3,141,031.	143,1330	13,101.
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	oddoduonai odinpaigii and idiidraising solicitation				

F a	ILA	Dalarioc Oricet		
·	•		(A) Beginning of year	(B) End of year
	1	Cash · non-interest-bearing	983,475. 1	1,098,129
	2	Savings and temporary cash investments	2	1/030/125
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	114,840. 4	109,083
	5	Receivables from current and former officers, directors, trustees, key		
	3	employees, or other related parties Complete Part II of Schedule L	5	
	6	Receivables from other disqualified persons (as defined under section		
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
		Part II of Schedule L	6	
Ø	7	Notes and loans receivable, net	7	<del></del>
Assets	8	Inventories for sale or use	8	
As	9	Prepaid expenses and deferred charges	47,419. 9	52,523
	10a	0 510 500		
		Less. accumulated depreciation. Complete	1	
		Part VI of Schedule D 10b 1,139,848.	1,375,342. 10c	1,572,732
	11	Investments - publicly traded securities	11	
	12	Investments - other securities See Part IV, line 11	4,394,936. 12	3,377,171
	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)	6,916,012. 16	6,209,638.
	17	Accounts payable and accrued expenses	76,388. 17	50,252.
	18	Grants payable	18	
	19	Deferred revenue	1,325,611. 19	1,535,448.
	20	Tax-exempt bond liabilities	20	
တ္ဆ	21	Escrow account liability. Complete Part IV of Schedule D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		
jabi		highest compensated employees, and disqualified persons. Complete Part II		
		of Schedule L .	22	
	23	Secured mortgages and notes payable to unrelated third parties	23_	
	24	Unsecured notes and loans payable	24	
	25	Other liabilities. Complete Part X of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	1,401,999. 26	1,585,700.
		Organizations that follow SFAS 117, check here   X and complete		
es		lines 27 through 29, and lines 33 and 34.		
and	27	Unrestricted net assets	2,248,842. 27	2,078,745.
Bal	28	Temporarily restricted net assets	82,813. 28	83,460.
nd I	29	Permanently restricted net assets	3,182,358. 29	2,461,733.
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here		
S O		complete lines 30 through 34.		
set	30	Capital stock or trust principal, or current funds	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
let	32	Retained earnings, endowment, accumulated income, or other funds	5 51 4 01 3	4 602 020
_	33	Total net assets or fund balances	5,514,013.33	4,623,938.
	34 + VI	Total liabilities and net assets/fund balances	6,916,012. 34	6,209,638.
Pai	LAI	Financial Statements and Reporting		Yes No
			1	163 140
1		ounting method used to prepare the Form 990: Cash X Accrual	Other	
2a		the organization's financial statements compiled or reviewed by an independent a	accountant?	2a X
b		the organization's financial statements audited by an independent accountant?		2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon		
_		w, or compilation of its financial statements and selection of an independent accounts of a factor of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	•	2c X
За		result of a federal award, was the organization required to undergo an audit or aud	lits as set forth in the Single Aud	
		and OMB Circular A 133?	•	3a X
-	IT "V^	es - did the Organization Lindergo the required oudit or oudite?		126 1

### 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.

OMB No 1545-0047

2008 Open to Public Inspection

Name of	the organizat	ion						5	:mpioyer i			
			JLA SCHOOL, I							<u> -1186</u>	<u> 181</u>	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) (see ins	structions)	ı			
The orga	inization is not	a private foundation	because it is (Please ch	neck only d	ne organi	zation.)						
1 [	A church, co	nvention of churche	s, or association of chur	rches desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(i	).				
2 X	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)								
з 🗀	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	( <b>A)</b> (iii). (At	tach Sche	edule H.)			
4 🗔	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	)(b)(1)(A)(i	ii <b>).</b> Enter tl	ne hospital	l's nam	ıe,
	city, and stat	te [.]								_		
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	ıt describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🗀	A federal, sta	ate, or local governm	nent or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).					
7	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	ribed i	n
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organızat	on that normally red	eives. (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	ıp fees, an	d gross re	ceipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	s support f	rom gross	ınvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	30, 197	<b>'</b> 5.
	See section	509(a)(2). (Complete	e the Part III.)									
10 🖳			perated exclusively to te	•	-			•				
11 📖			perated exclusively for the									or
	•	. ,,	ations described in secti		•		2) See se	ction <b>50</b> 9(	( <b>a)(3).</b> Che	ck the box	that	
	_		organization and compl									
	a Type			''	e III - Func	•	•		d L	Type III - 0		
e L		•	at the organization is not		•	•	•					n
_		•	han one or more publicl	• • •	_				9(a)(1) or s	ection 509	(a)(2)	
f	•		tten determination from	the IHS tha	atitisa iy	ре і, туре	ii, or Type	9 111				
		rganization, check the		<del></del>		. <b>.</b>	af tha fall					L
g	_		organization accepted ai								Vaa	No
			lirectly controls, either a	ione or tog	eniei wini	persons c	iesciinea	iii (ii) aiiu (	(iii) Delow,	110(i)	Yes	NO
	-		upported organization? n described in (i) above?	)						11g(i) 11g(ii)		
	• • •	•	person described in (i)		2					11g(iii)		
h	• •	•	about the organizations			norts	•			119(11)		
"	r tovide tite i	Ollowing information	about the organizations	o trie Organi	ization sup	oports.						
(I) No.		(**) [1]	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	i notify the	(vi) ls	s the	(.::\ An		
	e of supported ganization	(ii) EIN	organization	in col. (i) lis				organizati (i) organiz	on in col. l	(vii) An	port	1
0,1	gameation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S	5.?	OUP	<b>P</b> 0, 1	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	<u> </u>											
							_	<u>.</u>				
									<u> </u>			
				<u> </u>					<del> </del>			_
				<del>                                     </del>			<del></del>	-	<del> </del>			
otal				1			1					

art II Support Schedule for 0			Sections 170	(b)(1)(A)(IV) an	a 1/U(b)(1)(A)(v	<b>(1)</b>
(Complete only if you checked	the box on line	5, 7, or 8 of Part I)				
ction A. Public Support						
endar year (or fiscal year beginning in)	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")		ļ		<u> </u>		
Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						<del></del>
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		<del> </del>				· · · · · · · · · · · · · · · · · · ·
Total. Add lines 1 · 3		-				
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)						
Public Support. Subtract line 5 from line 4			<u> </u>			
ction B. Total Support						
endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 4	(4) 200 !	(5) 2000	10) 2000	(4) 200.	(0) 2000	
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business		Ī				
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
Total support. Add lines 7 through 10	<u> </u>					
Gross receipts from related activities,	etc. (see instructi	ions)			12	
First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	_
organization, check this box and stop						<u> </u>
ction C. Computation of Publi	c Support Pe	rcentage				
Public support percentage for 2008 (li			olumn (f))		14	
Public support percentage from 2007					_15	
33 1/3% support test - 2008. If the or				14 is 33 1/3% or n	nore, check this bo	x and ⊾ r
stop here. The organization qualifies a		=				. <b>▶</b> L
o 33 1/3% support test - 2007. If the or				line 15 is 33 1/3%	or more, check th	IS DOX ▶ F
and stop here. The organization qualif	•	· ·		40 40- 40'		<b>▶</b> L
10% -facts-and-circumstances test						
and if the organization meets the "fact meets the "facts-and-circumstances" if			=		rt IV how the organ	ization r

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support	1gamzation3	Described iii	00011011000	(Complete on	y ii you checkeu the bi	ox on line 9 of Part I.
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	<u> (u) 200+</u>	(5) 2000	(0)2000	(4) 200.	10/2000	17.10.0.
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 organ- ization'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						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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						
c 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)						
13 Total support (Add lines 9, 10c, 11, and 12) L  14 First five years. If the Form 990 is for	the organization!	e firet second thu	d fourth or fifth +	ay year as a secti	on 501(c)(3) organia	ration
check this box and stop here	trie organization	s mst, second, triii	a, loaitii, or illar t	ax year as a scor	on oo nonon organiz	<b>▶</b> □
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2008 (lii			column (fl)		15	%
16 Public support percentage from 2007			(,,,		16	%
Section D. Computation of Inves						
17 Investment income percentage for 200					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2008. If the				e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶□
b 33 1/3% support tests - 2007. If the d	_					and
line 18 is not more than 33 1/3%, chec		·				
20 Private foundation. If the organization	i did not check a	DOX OR IINE 14, 19	a, or 190, check th	nis dox and see ir	ISTRUCTIONS	

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

SATAGON A GONOOL I MD

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number 9.4 – 1.1.8.61.8.1

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	, , ,	(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 (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
J	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	
U	for charitable purposes and not for the benefit of the donor of		
Pa		····	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat	· —	ified historic structure
	Preservation of open space	7 70007441017 07 0011	mod mistorio diractaro
2	Complete lines 2a-2d if the organization held a qualified cons	envation contribution in the form of a co	nservation easement on the last day
~	of the tax year.	ervation contribution in the form of a co	riservation easement on the last day
	of the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	2d
3	Number of conservation easements modified, transferred, rel		
•	year >	oacoa, oxinigalonoa, or torrimatoa by t	no organization daming the taxable
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- and
•	enforcement of the conservation easements it holds?	iodio mormoning, mopostion, violatione,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, at	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		•
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	o sallory the requirements of sociality in	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	ion o manoral statements that describe	o tho organization o doodshang for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these i	•	,
ь	If the organization elected, as permitted under SFAS 116, to		ince sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o	•	
	these items:	, , , , , , , , , , , , , , , , , , ,	3
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		3, F
а	Revenues included in Form 990, Part VIII, line 1	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<b>▶</b> \$
	Assets included in Form 990, Part X		► \$ ► \$
-	, and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of		· · · · · · · · · · · · · · · · · · ·

		A SCHOOL,					<u>94-11</u>			
Pa	rt III Organizations Maintaining Co									
3	3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all									
	that apply).									
а	Public exhibition	d	Loan 🤄	or exchange progi	ams					
b	Scholarly research	е	Other							
С	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Pai	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	in or other intermed	liary for contri	outions or other a	ssets not i	ncluded		_	_	_
	on Form 990, Part X?							Yes	L_	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing table.				_			
								Amount	<u>:                                    </u>	
С	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 For	rm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV.									
Pai	rt V Endowment Funds. Complete if	organization answe	red "Yes" to F	orm 990, Part IV,	line 10					
		(a) Current year	(b) Prior ye	ar (c) Two yea	ırs back (e	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	,182,358.								
b	Contributions	1,000.								
¢	Investment earnings or losses	58,455.								
d	Grants or scholarships	645,443.								
е	Other expenditures for facilities						1			
	and programs	115,843.								
f	Administrative expenses	18,794.								
g	End of year balance	,461,733.	·				1			
2	Provide the estimated percentage of the year	end balance held a	s.							
а	Board designated or quasi-endowment	_100.00	_%							
b	Permanent endowment >	%								
С	Term endowment ▶%	•								
За	Are there endowment funds not in the possess	sion of the organiza	ation that are I	neld and administ	ered for the	e organız	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		<u>X</u>
b	If "Yes" to 3a(II), are the related organizations I	listed as required o	n Schedule R	?				3b		
4	Describe in Part XIV the intended uses of the d									
Paı	rt VI Investments - Land, Buildings	s, and Equipme	ent. See Forr	n 990, Part X, line	10					
	Description of investment	(a) Cost or o	ther (b)	Cost or other	(c) De	preciatio	n	(d) Book	k valu	е
		basis (investr	nent) l	pasis (other)		<del></del>				
1a	Land									
b	Buildings .			247,194.	2	03,00	06.	4.	<u>4,1</u>	88.
С	Leasehold improvements									
d	Equipment			199,488.		<u>64,94</u>				<u>46.</u>
<u>e</u>	Other	<u> </u>	2	<u>,265,898.</u>	<u>                                     </u>	<u>71,90</u>		<u>1,49</u> :		
Total	I. Add lines 1a-1e (Column (d) should equal For	m 990. Part X. colu	mn (B), line 10	)(c) )				1,572	2,7	32.

Schedule D (Form 990) 2008

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Sche	dule D (Form 990) 2008 PENINSULA SCHOOL, LTD.					<u>1186181</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial	<u>Statemer</u>	nts	<del> </del>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_1_		3,902	,899.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		3,863	,987.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	·		,912.
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		-928	,987.
-	Total adjustments (net) Add lines 4-8			9			,987.
9	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10			,075.
10 Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	/ith B		er Returr		, o , s .
	Total revenue, gains, and other support per audited financial statements			overiue p	1	<u></u>	
1					-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		i				
a	Net unrealized gains on investments	2a					
D	Donated services and use of facilities	2b	<u> </u>				
С.	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	_2d			<b></b>		
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 .	l				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				<u>4c</u>		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		A/:41- I		5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	NITH I	<u>-xpenses</u>	per Ketu	<u>rn</u>	
1	Total expenses and losses per audited financial statements				1	·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1				
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
C	Losses reported on Form 990, Part IX, line 25	2c					
d	Other (Describe in Part XIV)	2d	<u> </u>				
е	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		1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		_
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5		
Pai	t XIV Supplemental Information			_			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	l, lines	1a and	4; Part IV, III	nes 1b and 2	2b; Part V, line	4, Part
						<u> </u>	
PAL	T XI, LINE 8 - OTHER ADJUSTMENTS:					<del>_</del>	
TTATE	ENTITED ADDRECTABLOM. 020007						
1MU	EALIZED APPRECIATION: -928987.					-	
	<del> </del>						<del>-</del>

# **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

b Admissions policies?

e Educational policies?

f Use of facilities?

a Athletic programs?

h Other extracurncular activities?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

#### **Schools**

To be completed by organizations that answer "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

Inspection

YES NO

X

Х

X

X

X

Х

Х

Х

5c

5d

5e

5f

5a

6b

Employer identification number 94-1186181

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 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 X the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain 3 RACIALLY NONDISCRIMINATORY POLICY PUBLISHED IN SCHOOL CATALOGUES AND BROCHURES. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Х 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? X 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges?

6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?

PENINSULA SCHOOL, LTD.

If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Schedule E (Form 990 or 990-EZ) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

## ž **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		<u>NINSULA</u>							<u> 4-11</u>	<u>8618</u>	<u> 11                                  </u>		
Part I	Excess Benefit	t Transacti	ons (section	on 501(c)(	3) and sectio	n 501(c)(4) organizatio	ons only)						
	To be completed by	y organization	s that answ	ered "Yes	" on Form 99	0, Part IV, line 25a or	25b, or f	orm 99	0-EZ, Pa	rt V, line	40b		
1							- • •		-		(c) Cor	) Corrected?	
	(a) Name of di	squalified per	son —	_		(b) Description	of transa	ection			Yes	No	
										_			
					_								
					_								
2 Enter	the amount of tax imp	oosed on the	organization	managers	s or disqualifi	ed persons during the	year un	der			_		
section	on 4958								▶ \$				
3 Enter	the amount of tax, if a	any, on line 2,	above, reim	bursed by	the organiza	ation			▶ \$				
									<u> </u>				
Part II	Loans to and/o	or From Int	erested	Persons	S.								
	To be completed by	y organization	s that answ	ered "Yes	" on Form 99	0, Part IV, line 26, or I	orm 990	)-EZ, Pa					
	(a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due			(e) In (f) Appr			~   (9) WILLE						
per	son and purpose	on and purpose the organization?  To From		an	amount		default?		committee?		agreement?		
							Yes	No	Yes	No	Yes	No	
				ļ .			ļ				ļi	<u> </u>	
				ļ .			<u> </u>				<u> </u>		
				<u> </u>			<u> </u>				<u> </u>	<u> </u>	
				<u> </u>							ļ	<u> </u>	
				ļ			<u> </u>					<u> </u>	
				<u> </u>	<u>-</u>		<u> </u>				<u> </u>		
Total Part III	Cuanta au Aasi	atamaa Ba	4:4: 1-	-4	<b>▶</b> \$		Ь		L		<u> </u>		
Part III	J		_										
	To be completed by		s that answ										
	(a) Name of interested	person		(b) Relation		een interested person ganization	and			ınt of gr f assista	rant or ty	pe	
						yanization							
				MEMBER 8000.									
MARY	HOFSTEDT		BOA	ARD ME	EMBER			-			2700.		
		_			-								
	····-					<del></del>		-	<del></del> .				
Part IV	Business Trans	cootions In	volvina !	ntorost	od Domo-			1			<del></del>		
railiv	Dusiness iran:	วสบนบทิวิ ทิ	ivoivilig t	terest(	eu reison	<b>5.</b>							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(b) Relationship between interested

person and the organization

(c) Amount of

transaction

Schedule L (Form 990 or 990-EZ) 2008

(d) Description of transaction

(e) Sharing of organization's revenues?

No

Yes

(a) Name of interested person

### SCHEDULE O

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(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

PENINSULA SCHOOL, LTD.

Employer identification number 9.4 – 1.1.8.6.1.8.1

PENINSULA SCHOOL, LID.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RESERVES FUNDS
EXPENSES \$ 18793. INCLUDING GRANTS OF \$ 0. REVENUE \$ -585989.
FORM 990, PART VI, SECTION A, LINE 6: ALL THE PARENTS ARE THE MEMBERS OF PENINSULA SCHOOL DISTRICT.
FORM 990, PART VI, SECTION A, LINE 7A: STAFF AND COMMUNITY MEMBERS OF PENINSULA SCHOOL DISTRICT MAY ELECT ONE OR MORE BOARD MEMBERS AS THEY WISH.
FORM 990, PART VI, SECTION A, LINE 7B: ANY MAJOR DECISION OF BOARD  COMMITEE IS SUBJECT TO THE APPROVAL BY STAFF AND COMMUNITY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 10: EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS ITS  CONFLICT OF INTEREST POLICY AND VIOLATIONS OF POLICY ARE MONITORED UNTIL  RESOLVED.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS COMPENSATION OF OFFICERS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: PENINSULA SCHOOL, LTD PROVIDES ITS  GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  ON REQUEST.
1116 Fee Delivery Askered Development Development and New York Health Lateration (C. F. 1100) 0000

## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number Name of the organization 94-1186181 PENINSULA SCHOOL, LTD. FORM 990. PART XI, LINE 2C THE FULL BOARD OF DIRECTORS REVIEWS AND ACCEPTS THE COMPILATION.

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

990

OMB No 1545-0172

Business or activity to which this form relates Name(s) shown on return Identifying number PENINSULA SCHOOL, LTD. FORM 990 PAGE 10 94-1186181 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 103,993 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 7-year property 10-year property 15-year property е 20-year property 25-year property S/L 25 yrs 27 5 yrs. MM S/L h Residential rental property 27 5 yrs. MM S/L ММ S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L 40-year 40 yrs. ММ S/L Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 103,993. 22

23

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

94-1186181 Page 2 Form 4562 (2008) PENINSULA SCHOOL, LTD Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment. Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Ye<u>s</u> No Yes Nο (c) (e) (i) (g) Date Business/ Elected Basis for depr Depreciation Type of property Cost or Recovery Method/ (business/investment investment section 179 placed in (list vehicles first ) period Convention deduction other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use S/L -S/L· % S/L· % 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (b) (c) (d) (e) (a) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driver 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes 34 Was the vehicle available for personal use Nο No Yes No Nο Yes Nο Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2008 tax year				
3 Amortization of costs that began befo	43	2,106			
4 Total. Add amounts in column (f). See	the instructions for whe	ere to report		44	2,106
					F

Form	8868 (Rev. 4-2009)		Page 2				
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ox .	<b>&gt;</b> X				
	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868.				
• If :	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed).				
Туре	Name of Exempt Organization	Employer identification nu					
print	PENINSULA SCHOOL, LID.	9	4-1186181				
File by extend due da filing ti	te for 920 PENINSULA WAY	For IRS use only					
retum	See   City, town or post office, state, and ZIP code. For a foreign address, see instructions						
_	ck type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	==	orm 5227 Form 8870 orm 6069				
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 8868.				
	KATHY KOO  ne books are in the care of > 920 PENINSULA WAY - MENLO PARK, CA 9402	:5					
Τe	elephone No ► <u>650-325-1584</u> FAX No ►						
	the organization does not have an office or place of business in the United States, check this box						
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th						
box	If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extension is for.				
4	I request an additional 3-month extension of time untilMAY_15, 2010						
5	For calendar year, or other tax year beginning, and ending, and ending,	<u> </u>	30, 2009				
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period				
7	State in detail why you need the extension						
	DOCUMENTATION NEEDED TO FILE A COMPLETE AND ACCURATE R						
	AVAILABLE AT THIS TIME. AN EXTENSION OF TIME IS THEREF	ORE	REQUESTED.				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	8a	\$				
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.	8b	\$				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s N/A				
	Signature and Verification						
Under it is tr	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ue, correct, and complete, and that I am authorized to prepare this form.	best o	f my knowledge and belief,				
Ciana		Date	-2:12.10				

Form 8868 (Rev. 4-2009)