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## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545 0047

Department of the Treasury

Inter	nal Reve	enue Service	<u> </u>	► The orga	inization may			return to s	satisfy state report	ing requirem	ents	Up	en to Public inspection		
	For th	e 2008 calendar	year, o	r tax year l	eginning	7/01		, 2	008, and endin	g 6/3	30		, 2009		
В	Check if	f applicable									D Empl	oyer ident	lification Number		
		Pie	ease use IS label	LAGUNA	BLANCA	SCHOO	)L				95	-1641	448		
	$\vdash$	· / 0	or print		ALOMA D		_					hone num			
	$\vdash$	•	r type. See		BARBARA		3110				•				
	HInt		pecific nstruc-								(8)	<u>05)</u> 6	87-1752		
	Ter	rmination (	tions												
	Am	nended return									<b>G</b> Gross	receipts			
	Ap	plication pending F	Name a	nd address of	principal office	er e				H(a) Is this	-		filiates? Yes X No		
		SF	AME A	S C ABO	OVE	_				H(b) Are all			structions) Yes No		
ı	Tax-	exempt status	X 501	(c) (3	) ◀ (ınse	ert no )	4947	'(a)(1) or	527	11 140,	allacii a ii:	51 (See III	siructions)		
J	Web	site: ► WWW.	LAG	UNABLAN	ICA . ORG					H(c) Group	exemption	number I	<b>&gt;</b>		
ĸ	Type	of organization X	Corpora	tion Tru	st Asso	ciation	Other ►		L Year of Forma				legal domicile CA		
Pa	rt I	Summary						-	1						
				anization's	mission or	most sign	nificant act	wites	THE DIED	OSE OF	тнь	SCHOO	OT 21 IC		
MAINTAIN A MINDERCARTEN DETMARY CECONDARY AND COLLEGE DEPARTMENT OF															
Activities & Governance		BOYS AND G													
п	i -	DOTO MID O	TYZYZ	* TMF *	~ TI/O TI		T-7-7-1-1	77777	TIMIN' W	ים דים מי	พากา	. <u></u>	n_0105ft0		
Ve	2	Check this box		f the organ			its operation	ons or d		é thấn 25	% of its	3000			
ğ	ı		ı mem≀	pers of the	ganization discontinued its operations or disposed of more than the governing body (Part VI, line 1a)						70_01/2/2	a336,13 5	18		
<b>ජ</b>		Number of indep							ine:1b)			24	18		
Ę		Total number of				3	, , ,		1 4	0 r Y	2010	5	116		
₹		Total number of				ssary)			Wife Wife	Y I U	CO:0	6	150		
¥	7a <sup>-</sup>	Total gross unrel	lated b	usiness rev	enue from	Part VIII,	line 12, co	olumn (C	)		n 64 i	7a	0.		
	b l	Net unrelated bu	siness	taxable inc	ome from	Form 990	-T, line 34	•	- M.C.		. Uii	- 7b	0.		
									L1 = ==	Р	rior Yea	r	Current Year		
	8	Contributions and	d orant	s (Part VII	. line 1h)						,063,		1,882,992.		
Revenue		Program service									,004,		9,442,901.		
Ver		Investment incon			_	es 3 Ala	nd 7d)			<u> </u>	287,		218,513.		
&								d 11e)			442,		306,658.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)								11	, 468,		11,851,064.			
								um (/ t/	, IIIC 12)	<del></del>	963,		1,029,191.		
											<u> </u>	773.	1,029,191.		
į		•		-			•	(4)	r 10)		220	470	7 014 210		
စ		Salaries, other co						n (A), lin	ies 5-10)	0	6,238,470.		7,214,319.		
Expenses	16a	Professional fund	graising	j fees (Par	ɪ IX, colum	n (A), line	: 11e)				18,004.		83,679.		
훘	þ.	Total fundraising	expens	ses (Part I	X, column	(D), line 2	5) 🕨	1,	101,254.				ı.		
	17 (	Other expenses (	(Part I)	ر, column (	A), lines 1	la-11d, 11	lf-24f)			3	,506,	384.	3,118,230.		
		Total expenses						line 25)			,726,		11,445,419.		
		Revenue less exi			-			,			742.		405,645.		
* 8		. 1010/100 1000 0/	<del>5011505</del>	<u> </u>	10 10 11011	TING IZ				<del> </del>		<del></del> +			
£ 5	20	Takal assals (Da	-LV 1	- 10)							ning of		End of Year		
90		Total assets (Par		•							, 952,		17,579,327.		
Net Assets or Fund Balancos		Total liabilities (P		,							,715,		6,450,137.		
. 1		Net assets or fun			ract line 21	from line	20			12	<u>,236,</u>	442.	11,129,190.		
Pa	πII	Signature	Bloc	<u>K</u>											
		Under penalties of true, cordect, and c	perjury, I	declare that I	have examine	d this return	, including acc	companying	schedules and sta	atements, and	to the be	stofmyk	nowledge and belief, it is		
		\_\ \\ <i>(\)</i>	١ .	1			.,		<b>-</b>	1		1, 1,			
Sig	JN	- She	ya	Mix	TUXL	4					<u></u>	6	1()		
He	re	Signature of of	ficer 1.	L	, 0	101	~~	í	1	\ Dat		•			
		+ HIX	<u> </u>	12141	Mely	, Ch	21/15	tocor	St Mis	31EE 9	<b>う</b>				
		Type or print n	iame and	title	0 1	1	'		9						
					23/		<del></del>		Date		eck if	Pr (se	eparer's identifying number ee instructions)		
Pai	id	Preparer's	//	//L //	∕≪∥ <sub>-</sub>					sel em	f ployed <sup>•</sup>	- □ ""	00 11101100110110)		
Pre		signature 🔛	/	2/	WIL.				4/-27·	10	-	ЫN	/A		
	rer's	Firm's name (or	STOI	TEY &	ASSOCIA	TES		_		<del></del>					
Us		Luciuse of early		30X/57						E#	ı <b>-</b>	N/A			
On	ıy	address, and ZIP + 4		OLIVOS	, CA 93	441						· (805	5) 693-1127		
Mari	the IF	RS discuss this re					lene inch	intion=1			one no	(00			
		Privacy Act and					<del></del>				TEF AO11		X Yes   No		

	990 (2008) LAGUNA BLANCA SCHOOL	95-164144	8		2 age
Par	till Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
	THE PURPOSE OF THE SCHOOL IS TO MAINTAIN A KINDERGARTEN, PRIMARY,	SECONDARY	, AI	JD	
	COLLEGE PREPARATORY SCHOOL FOR BOYS AND GIRLS, AND TO INSTRUCT, DI				
		racie fine,	114	7 T IA .	
	AND EDUCATE IN ALL STUDIES.				
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior			
	Form 990 or 990-EZ?	П	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 services?		Yes	X	No
•	· · · · · · · · · · · · · · · · · · ·		165	Δ	NO
_	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	penses. Section	501(c	)(3)	
	expenses, and revenue, if any, for each program service reported	ations to others	, the to	ıldı	
	, , , , , , , , , , , , , , , , , , , ,				
4a	(Code) (Expenses \$ 8,435,143. including grants of \$ 1,029,191.) (Rev	/enue \$	8,89	5,99	9.)
	MAINTAINED A KINDERGARTEN, PRIMARY, SECONDARY, AND COLLEGE PREPARE	TORY SCHO	OL F	OR	
	BOYS AND GIRLS, AND INSTRUCTED, DISCIPLINED, TRAINED, AND EDUCATED				
		,	1001	<u> </u>	
					<b>-</b>
		. <b></b>			
		· – – – – – –			
4h	(Code) (Expenses \$ including grants of \$) (Rev	onuo è			,
75	(New) (Expenses 4) (New)	reflue \$			
			. — — –		
A -	(Code) \( \sum_{i=1}^{n} \)				
4 C	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$			)
		<del>-</del>			
				. <b>_</b>	
44	Other program services (Describe in Schedule O.)				
74					
4e	Total program service expenses ► \$ 8,435,143. (Must equal Part IX, Line 25, column (B))				

Form 990 (2008) LAGUNA BLANCA SCHOOL

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х_
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		Х
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 described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fungraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F. Part I	14b		Х
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 located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	Χ	
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	Χ	
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		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	X	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	۵		
	as of the last day of the year, and 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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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_
b	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		_X_
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		<u>X</u>
	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		<u>X</u>
BAA		Form	990 (	2008)

Form 990 (2008) LAGUNA BLANCA SCHOOL

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
	a 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		Х
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R. Part I	33		Х
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		Х
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		Х
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		Х
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		Х
BA/		Form	990 (	(2008)

Journal Total Computation of the Princip and Tax Computation			T
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<del>-</del> : :		j
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 116	;		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
<b>b</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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
<b>b</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 to file Form 8282?	7c		Х
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		Х
f 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?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 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 excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	i	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990	(2008)

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

Se	ction A.	Governing Body and Management						
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, des, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No		
1	a Enter the	number of voting members of the governing body	1a 18					
	<b>b</b> Enter the	number of voting members that are independent	1b 18					
2	Did any o officer, di	officer, director, trustee, or key employee have a family relationship or a business relative for the first or the surface of	ationship with any other	2		х		
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		х		
4		rganization make any significant changes to its organizational documents		4		X		
	since the	prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organization'	s assets?	5		Х		
6	Does the	organization have members or stockholders?		_6		X		
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or mg body?	ore members of the	7a		х		
	<b>b</b> Are any o	decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		Х		
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.								
i	<b>a</b> The gove	rning body?		8a	Х			
	<b>b</b> Each con	nmittee with authority to act on behalf of the governing body?		8b	Х			
9.	a Does the	organization have local chapters, branches, or affiliates?		9a		_X_		
١	<b>b</b> If 'Yes,' d and brand	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9Ь				
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990 SI	All organizations must EE SCHEDULE O	10	Х			
	<u>organiza</u> ti	iny officer, director or trustee, or key employee listed in Part VII, Section A, who cannion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		Х		
Sec	ction B.	Policies		—				
10	Б			$\longrightarrow$	Yes	No		
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X			
	to conflict		-	12Ь	<u>x</u>			
		organization regularly and consistently monitor and enforce compliance with the polic O how this is done SEE SCHEDULE O	cy? If 'Yes,' describe in	12c	<u>_x</u>			
		organization have a written whistleblower policy?		13	Х			
		organization have a written document retention and destruction policy?		14	Х			
15		rocess for determining compensation of the following persons include a review and ap- comparability data, and contemporaneous substantiation of the deliberation and decis	oproval by independent sion					
		nization's CEO, Executive Director, or top management official?		15a	_X			
		cers of key employees of the organization? SEE SCHEDULE O		15Ь	X			
		the process in Schedule O (see instructions)	•					
	entity duri	ganization invest in, contribute assets to, or participate in a joint venture or similar aring the year?		16a		X		
ŀ	in joint ve	as the organization adopted a written policy or procedure requiring the organization to nture arrangements under applicable federal tax law, and taken steps to safeguard the h respect to such arrangements?	o evaluate its participation ne organization's exempt	16 ь				
Sec		Disclosures		100				
17	List the st	ates with which a copy of this Form 990 is required to be filed CA			_			
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	990-T (501(c)(3)s only) avai	able fo	or pub	olic		
	Own v	website Another's website X Upon request						
19	Describe i statement	in Schedule O whether (and if so, how) the organization makes its governing docume s available to the public SEE SCHEDULE O	nts, conflict of interest policy	, and	financ	al		
20	State the	name, physical address, and telephone number of the person who possesses the book ITTH 4125 PALOMA DRIVE SANTA BARBARA CA 93110 (805)	oks and records of the organ					
BAA				Form	990 (	2008)		

# 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) or 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)	d not compensate any officer, director, tr							(D)	(E)	(F)
Name and Title	Average hours	Pos	ition (	checl	k all t	hat app	ly)	Reportable	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
ALIXE MATTINGLY								·		
VICE CHAIR	5_	X		Χ				0.	0.	0.
GEOFFREY C. RUSACK	]									
CHAIRMAN	5	X		Χ				0.	0.	0.
THOMAS MULLANEY		ļ								
TREASURER	5	X		Χ		į		0.	0.	0.
STEPHANIE WILSON										
SECRETARY	5	X		Х				0.	0.	0.
ROBERT EMMONS										
MEMBER AT LARGE	5	X						0.	0.	0.
WILLIAM LOOMIS										
MEMBER AT LARGE	5	Х						0.	0.	0.
SHERRI ELSON										
MEMBER AT LARGE	5	X						0.	0.	0.
JUDY BARTLEIN										
TRUSTEE	5	Х						0.	0.	0.
SUE BIRCH										
TRUSTEE	5	Х						0.	0.	0.
DAVID_GOLDMUNTZ	]									
TRUSTEE	5	Х						0.	0.	0.
BRANDT HANDLEY										
TRUSTEE	5	Х						0.	0.	0.
LARRY HAMMETT										
TRUSTEE	5	Х						0.	0.	0.
PATRICK MCALISTER										
TRUSTEE	5	X						0.	0.	0.
LEE MIKLES	]					'				
TRUSTEE	5	_X_						0.	0.	0.
DAWN O'DONNELL										
TRUSTEE	5	Х						0.	0.	0.
ANDREW F. PUZDER										
TRUSTEE	5	X						0.	0.	0.
JAMES TAYLOR										
TRUSTEE	5	X			]			0.	0.	0.
BAA		Т	FFAC	107i	04	/24/09				Form 990 (2008)

Part VII Section A. Officers, Directors, Trus	tees,	Key	En	npl	oye	ees	, ar	nd Highest Co	mpensated Em	ployee	s (c	ont.)	
(A)	(B)				c)			(D)	(E)		(F)		
Name and Title	Average hours	Posi	tion (d	check	k all t	hat a	pply)	Reportable compensation from	Reportable compensation from	Es	timated	l ther	
	per week	or di	Institutional trustee	Officer	(Đ	Highest cor employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	com	pensati om the	on	
		recto	tion	ਥ	em p	est c oyee	ថ្ម	(	(11 211033 111103)	org	anızatıo d relate	ก	
		, \$ <sup>2</sup>	al tr		employee	omp					anizatioi		
		e e	uste		-	mpensa							
						ted							
SUE SMITH	<del> </del>				-	_							
DIRECTOR OF FIN	40				x			160,000.	0.			0.	
DOUGLAS JESSUP		<del>  -</del>		_		-		100,000.	<u> </u>			<u> </u>	
HEADMASTER	40				X			209,000.	0.			0.	
DURWOOD BRANDIS									•				
MID SCHOOL HEAD	40					X		102,000.	0.			0.	
WILLARD WYMAN									·				
DIR OF DEVELOPMENT	40					X		120,000.	0.			0.	
JOHN BERRY													
HEAD UPPER SCHOOL	40					X		108,000.	0.			<u>0.</u>	
						İ							
		-						-					
				i									
											-		
				ļ									
		   <del></del>		_		_	_						
			-	$\dashv$		-							
			1										
						$\rightarrow$			-				
				ı									
1 b Total		1					▶	699,000.	0.			0.	
2 Total number of individuals (including those in 1a) wi	ho recei	ved	more	e th	an \$	5100	,000	) in reportable con	pensation from the	<del></del>			
organization > 5													
											Yes	No	
3 Did the organization list any former officer, director of	r truste	e, ke	y er	nplo	yee	, or	high	hest compensated	employee				
on line 1a <sup>5</sup> If 'Yes,' complete Schedule J for such inc										3		X	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com) 000,(	pens ? If	satic 'Yes	on ai	nd c ompl	ither lete	r compensation fro Schedule J for suc	om ch		1		
ındıvıdual						·				4	Х		
5 Did any person listed on line 1a receive or accrue co	mpensa	tion	fron	n an	ıy ur	nrela	ated	organization for s	ervices	1			
rendered to the organization? If 'Yes,' complete Schi	edule J	for s	uch	per	son					5		<u>X</u>	
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d indep	ende	ent c	ontr	acto	ors t	hati	received more tha	n \$100 000 of				
compensation from the organization.													
(A)							l	(B)		(C	:)		
Name and business address					10			Description of	Services	Comper	nsatio		
FRANK SCHIPPER CONSTRUCTION SANTA BARBARA, CA 93101 CONSTRUCTION						N		59,2					
RINCON CATERING SANTA BARBARA, CA 93	TOT						$\dashv$	CATERIN_		240,146.			
							$\dashv$	<del></del>		<del></del>		<del></del>	
							$\dashv$	<del>-</del> .					
							一	-					
2 Total number of independent contractors (including the	nose in	1) wl	ho re	ecei	ved	moi	re th	an \$100,000 in		***************************************		·······	

compensation from the organization ► 2

Гα	Statement of Revenue				
		(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	to be Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1 a 1 b 1 c 1 c 1 d 1 e 1 f 1,882,992				
ŠŠ	g Noncash contribns included in lns 1a-1f \$  h Total. Add lines 1a-1f	1,882,992.			
PROGRAM SERVICE REVENUE	Business Code  2a AUXILIARY SERVICES  b TUITION AND FEES  c	546,902. 8,895,999.	546,902. 8,895,999.		
PROGRAM SERV	d e f All other program service revenue g Total. Add lines 2a-2f	9,442,901.			
	4 Income from investment of tax-exempt bond proceeds 5 Royalties	218,513.			218,513.
	6a Gross Rents b Less rental expenses c Rental income or (loss)			•	
	d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	•			
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 373,475 b Less direct expenses b 107,219 c Net income or (loss) from fundraising events	266,256.			266,256.
	9a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b				200/200:
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less. cost of goods sold  b	-			
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a OTHER REVENUE	40,402.	40,402.	·	
	d All other revenue  e Total. Add lines 11a-11d	40,402.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,483,303.	0.	484,769.

Part IX Statement of Functional Expenses

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

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

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	1,029,191.	1,029,191.		<del></del>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			ļ	:
4	The state of the s				
5	Compensation of current officers, directors, trustees, and key employees	369,000.	262,359.	67,527.	39, <b>1</b> 14.
6	disqualified persons (as defined under section 4958(f)(1) and persons described in				
7	section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages	5,029,856.	3,635,738.	938,628.	<u>455,<b>4</b>90.</u>
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	385,518.	274,103.	70,550.	40,865.
9	Other employee benefits	1,023,602.	727,781.	187,319.	108,502.
10	Payroll taxes	406,343.	288, 910.	74,361.	43,072.
	Fees for services (non-employees)	100,545.	200, 510.	74,301.	43,012.
	a Management				<del></del>
	b Legal	19,343.	13,753.	3,540.	2,050.
	c Accounting	24,525.	17,437.	4,488.	2,600.
	d Lobbying			1,100.	2,000.
	e Prof fundraising svcs See Part IV, In 17	83,679.			83,679.
1	f Investment management fees		,,		00/013.
,	g Other				<del></del>
12	Advertising and promotion	61,013.	43,380.	11,166.	6,467.
13	Office expenses	773,969.	550,292.	141,636.	82,041.
14	Information technology			, "	
15	Royalties				
16	Occupancy	479,773.	341,119.	87,798.	50,856.
17	· · · · · ·	4,305.	3,061.	788.	456.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,250.	7,999.	2,059.	1,192.
20	Interest	94,432.	67,141.	17,281.	10,010.
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	474,951.	337,690.	86,916.	50,345.
23	Insurance.	132,611.	94,286.	24,268.	14,057.
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 )				
	INSTRUCTION	768,319.	546,275.	140,602.	81,442.
t	AUXILIARY SERVICES	273,739.	194,628.	50,095.	29,016.
•	;				
C	1				
•					
	All other expenses	13 445 410	0 10 110	1 000 000	
	Total functional expenses Add lines 1 through 24f	11,445,419.	8,435,143.	1,909,022.	1,101,254.
20	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form <b>990</b> (2008)

				(A) Beginning of year		(E	3) f vea	 r
	1	Cash — non-interest-bearing			1			
	2	Savings and temporary cash investments		4,608,179.	2	2,9	43.	724
	3	Pledges and grants receivable, net		1,263,608.	3		89,	
	4	Accounts receivable, net			4		27,	
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trustees, key employees, L		5			
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6			
ASSETS	7	Notes and loans receivable, net			7			
Ē	8	Inventories for sale or use			8			
Ś	9	Prepaid expenses and deferred charges	, ,	69,403.	9		23,0	357
	10a	Land, buildings, and equipment cost basis	10a 16,539,464.		# #			
	b	Less accumulated depreciation. Complete Part VI of			1			
	1	Schedule D	10b 8,016,358.	7,031,376.	10 c	8,5		
	11	Investments — publicly-traded securities		5,773,939.	11	4,2	<u> 19,0</u>	<u> </u>
	12	Investments – other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11			13			
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		205,518.	15		53,	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	18,952,023.	16	17,5		
	17	Accounts payable and accrued expenses		706,806.	17	1,2	61,	<u>573</u>
	18 19	Grants payable Deferred revenue	-	4 570 725	18			1.60
L	'-		}	4,579,735.	19	3,7	99,.	169
Ā	20 21	Tax-exempt bond liabilities Escrow account liability Complete Part IV of Schedule	<del></del>	20				
B	22	Payables to current and former officers, directors, trus		21				
LIABILITIES		highest compensated employees, and disqualified per						
Ī		of Schedule L	·		22			
Š	23	Secured mortgages and notes payable to unrelated th	ird parties	1,393,654.	23	1,3	56,9	921.
	24	Unsecured notes and loans payable		<u> </u>	24			
	25	Other liabilities. Complete Part X of Schedule D	35,386.	25		32,4	174	
_	_26	Total liabilities. Add lines 17 through 25		6,715,581.	26	6,4	50,1	137
NE-		Organizations that follow SFAS 117, check here ►	X and complete lines					
		27 through 29 and lines 33 and 34.			<b>†</b>			
ANOTH-	27	Unrestricted net assets	-	8,190,126.	27	6,3		
E S	28	Temporarily restricted net assets	-	425,940.	28		75,6	
Q R	29	Permanently restricted net assets		3,620,376.	29	4,40	<u> </u>	<u>)26.</u>
		Organizations that do not follow SFAS 117, check her	e ►and complete					
מצכיו	20	lines 30 through 34.		+				
	30	Capital stock or trust principal, or current funds	h		30			
Ř	31	Paid-in or capital surplus, or land, building, and equip	F		31			
Ă	32	Retained earnings, endowment, accumulated income, Total net assets or fund balances.	or other funds	12 226 442	32		30 1	
BALAZCES	33 34	Total liabilities and net assets/fund balances	<b>-</b>	12,236,442.	33	11,12		
1	ri XI	Financial Statements and Reporting		18,952,023.	34	17,5	19,3	321.
.335	<u> </u>	Thanelar Guternelles and Reporting		· -		<del></del> -	Yes	No
1	Acc	ounting method used to prepare the Form 990.	ash X Accrual	Other			163	110
		e the organization's financial statements compiled or re				2a		Х
			2b	X				
	c If 'Y	e the organization's financial statements audited by an es' to 2a or 2b, does the organization have a committe	e that assumes responsibility	for oversight of the aud	dıt,			
	revi	ew, or compilation of its financial statements and selec	tion of an independent accour	itant?		2c	X	
3	<b>a</b> As a հսհ	a result of a federal award, was the organization requir it Act and OMB Circular A-133?	ed to undergo an audit or aud	its as set forth in the Si	ıngle	2		v
		es,' did the organization undergo the required audit or	audits?			3a 3b		X
BA/		and and go are required about of			<u> </u>	Form	990	2008

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

Department of the Treasury Internal Revenue Service

Total

**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 organization Employer identification number LAGUNA BLANCA SCHOOL 95-1641448 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other d | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) Provide the following information about the organizations the organization supports h (i) Name of Supported (ii) EIN (v) Did you notify the organization in col (i) of (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of Support Organization (described on lines 1.9 above or IRC section (see instructions)) organization in col (i) organized in the US? ization in col (i) listed in your your support? governing document? Yes Yes No Yes No Nο

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

Schedule A (Form 990 or 990-EZ) 2008

Sec	(Complete only if you check ction A. Public Support	ed the box on line	b, /, or 8 of Part	1)			
Cale	ndar year (or fiscal year nning 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 ')						
	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)					+	
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	ties, etc. (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here.		d, third, fourth, or	fifth tax year as	a section 501(c)(	3)
	tion C. Computation of Pu						
	Public support percentage for 200		•	11, column (f)		14	%
15	Public support percentage for 200	07 Schedule A, Pa	art IV-A, line 26f			15	%
16a	33-1/3 support test $-$ 2008. If the and stop here. The organization $\alpha$	organization did i qualifies as a pub	not check the box licly supported org	on line 13, and t ganization	he line 14 is 33-1/	3 % or more, ch	eck this box
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box o licly supported org	n line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances tes</b> or more, and if the organization r the organization meets the 'facts-	neets the 'facts-a	nd-circumstances'	test, check this b	nox and <b>stop here</b>	Explain in Part	IV how
	10%-facts-and-circumstances testor more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ai  -circumstances'	nd-circumstances' test. The organiz	test, check this bation qualifies as	oox and <b>stop here</b> a publicly support	. Explain in Part ed organization.	IV how the ►
18 3AA	Private foundation. If the organiz	ation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,			structions > 0 990 or 990-EZ) 2008

#### Schedule A (Form 990 or 990-EZ) 2008 Page 3 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) Section A. Public Support Calendar year (or fiscal yr beginning in) **(d)** 2007 (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 7a Amounts included on lines 1, 2, 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 (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 form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included inline 10b. 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.) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule .	A (Form 990 or 990-EZ) 200	8 LAGUNA	BLANCA	SCHOOL		95-1641448	Page <b>4</b>
Part IV	Supplemental Information Part II, line 17a or 1	<b>nation.</b> Com 7b; or Part I	nplete this	part to : Provide	provide the any other	e explanation required by Part II additional information. (see ins	, line 10; structions)
			<del>-</del>				
							·
				<b></b>			· <b> </b> -
					<b>_</b> _		
	<b></b>						
<del></del>							<b></b>
		<b>-</b>					
							·
			·	<b></b>			· <b>-</b>

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer Identification number

LA	GUNA BLANCA SCHOOL		95-1641448
Pa		r Advised Funds or Other Similar Fu	inds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
_			<del></del>
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in doi o the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the impermissible private benefit??	s, and donor advisors in writing that grant fund ne benefit of the donor or donor advisor or othe	s may be er Yes No
Pa	t II   Conservation Easements Comple	ete if the organization answered 'Yes	
	Purpose(s) of conservation easements held by		
-	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		or derined material structure
2	Complete lines 2a-2d if the organization held a	qualified conservation contribution in the form	of a conservation easement on the last day
_	of the tax year		
			Held at the End of the Year
	a Total number of conservation easements		2a
1	Total acreage restricted by conservation easen	nents	2b
•	Number of conservation easements on a certification	ed historic structure included in (a)	2c
	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminat	ed by the organization during the taxable
	year ►	•	, ,
4	Number of states where property subject to con	nservation easement is located >	•
5	Does the organization have a written policy regenforcement of the conservation easement it h		ations, and
6		inspecting, and enforcing easements during th	
7	•	specting, and enforcing easements during the	
		, ,	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	trion Yes No
9	conservation easements	the organization's financial statements that de	escribes the organization's accounting for
Pai	till Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furtherar	nt and balance sheet works of art, historical nce of public service, provide, in Part XIV,
t	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items</li> </ul>	SFAS 116, not to report in its revenue stateme c exhibition, education, or research in furtherar	nt and balance sheet works of art, historical nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	▶\$
	(ii) Assets included in Form 990, Part X		•\$ •\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items.	or financial gain, provide the following
á	Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
t	Assets included in Form 990, Part X		►\$ ►\$
	'		· <del></del>

Schedule D (Form 990) 2008 LAGUI				95-164			Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, o	r Other Similar As	sets (	(contii	<u>าued)</u>
Using the organization's accession that apply)	on and other records,			nificant use of its colle	ction ite	ms (che	eck all
a Public exhibition		d Loan o	or exchange programs				
<b>b</b> Scholarly research		e 💹 Other	<del></del>				
c Preservation for future gener							
4 Provide a description of the orga Part XIV		·			e in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mair	donations of art, itained as part of	historical treasures, or the organization's colle	other similar	Yes	ſ	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrange	ments Compl	ete if organization		Form	990,	Part
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	ner intermediary f	for contributions or other	r assets not	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	g table				
					Amour	ıt	
c Beginning balance				1c			
d Additions during the year				1 d			<del></del>
e Distributions during the year				1e			
f Ending balance				1f	<del></del>		<del></del>
2a Did the organization include an a		Part X, line 217			Yes	L	No
b If 'Yes,' explain the arrangement  Part V Endowment Funds Co		ration answer	od 'Vos' to Form 9	00 Part IV June 10	· · ·		
Tax V Endowment und 50	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	- 1	Four year	e back
1 a Beginning of year balance	8,966,814.	(b) Thor year	(c) I wo years back	(u) Three years back	(6)	roui yeai	3 Dack
<b>b</b> Contributions	1,986,650.	***************************************			1	······································	***************************************
c Investment earnings or losses	-1,223,245.				1		••••••
d Grants or scholarships					1	······	~ <del>~~~~</del>
e Other expenditures for facilities and programs	2,836,651.						
f Administrative expenses					1		
<b>g</b> End of year balance	6,893,568.				1		
2 Provide the estimated percentage							
a Board designated or quasi-endow		) <u>.36</u> %					
<b>b</b> Permanent endowment ►	0.64%						
c Term endowment ►	<sup>8</sup>						
3a Are there endowment funds not in	the possession of the	ne organization th	at are held and adminis	stered for the	Г		
organization by.  (i) unrelated organizations					2-6	Yes_	No
(ii) related organizations					3a(i)	<u> </u>	X
<b>b</b> If 'Yes' to 3a(II), are the related o	rnanizations listed as	required on Sch	edula D2		3a(ii)		X
4 Describe in Part XIV the intended				XTV	_30_[		
Part VI Investments-Land, B							
Description of investment	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) E	Book Va	alue
1 a Land			1,521,040.		1	,521	,040.
<b>b</b> Buildings			10,005,578.		10	,005	,578.
c Leasehold improvements							
d Equipment		_	479,253.				, 253.
e Other			4,533,593.	8,016,358.			<u>, 765 .</u>
Total. Add lines 1a-1e (Column (d) show	uld equal Form 990, I	Part X, column (E	3), line 10(c) )				,106.
BAA				Sched	lule <b>D</b> (F	form 99	90) 2008

Schedule D (Form 990) 2008 LAGUNA BLANCA SCH		95-1641448	Page 3
Part VII Investments—Other Securities See F  (a) Description of security or category	(b) Book value	2. N/A (c) Method of valuation	
(including name of security)	(b) Book value	Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	<del> </del>		
	<del> </del>		
		<del></del>	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12 )		10)	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	<del></del>
Total Column (b)(should equal Form 990, Part X. Col (B) line 13)			<del></del>
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
<b>(a)</b> De	scription	(b) Book v	alue
	<del></del>		
	<del></del>		
W-1	<u>-</u>		
	<del>-</del> -		
	<del></del>		
Total. Column (b) Total (should equal Form 990, Part X, col.	(B), line 15)	▶	
Part X Other Liabilities (See Form 990, Part			<del></del>
(a) Description of Liability Federal Income Taxes	(b) Amount		
LIABILITY UNDER CHARITABLE REMAINDER	TR 32,474.		
	32,7,7,1		
		<b>v</b>	
		,	
		·	
Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	32,474.		

Part X	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Tot	al revenue (Form 990, Part VIII,column (A), line 12)		11,851,064.
2 Tot	al expenses (Form 990, Part IX, column (A), line 25)	L	11,445,419.
<b>3</b> Exc	cess or (deficit) for the year. Subtract line 2 from line 1	L	405,645.
4 Net	unrealized gains (losses) on investments	L	-1 <u>,512</u> ,897.
<b>5</b> Doi	nated services and use of facilities	_	
6 Inv	estment expenses	-	
	or period adjustments	}	
	er (Describe in Part XIV).	<u> </u>	
	al adjustments (net). Add lines 4-8	F	-1,512,897.
	tess or (deficit) for the year per financial statements. Combine lines 3 and 9	200	-1,107,252.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per F	leturn	9,308,976.
	al revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12	<b>├</b>	9,300,970.
	unrealized gains on investments 2a -1,512,897.		
	nated services and use of facilities  2b	1 1	
	coveries of prior year grants 2c		
	er (Describe in Part XIV) SEE PART XIV 2d -1,029,191.	f [	
	d lines 2a through 2d	2e	-2,542,088.
	otract line 2e from line 1	3	11,851,064.
	ounts included on Form 990, Part VIII, line 12, but not on line 1.		
	estments expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIV)	1 1	
	d lines 4a and 4b	4c	
5 Tot	al revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,851,064.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn	
<b>1</b> Tot	al expenses and losses per audited financial statements	1	10,416,228.
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25		
a Dor	nated services and use of facilities 2a	1 1	
	or year adjustments 2b	1	
	ses reported on Form 990, Part IX, line 25	1	
	er (Describe in Part XIV) SEE PART XIV 2d -1,029,191.	[ ]	
	d lines 2a through 2d	2e	<u>-1,029,191.</u>
	otract line 2e from line 1	3	11,445,419.
	ounts included on Form 990, Part IX, line 25, but not on line 1:		
	estments expenses not included on Form 990, Part VIII, line 7b	1 ]	
	er (Describe in Part XIV).	1 . 1	
	I lines 4a and 4b	4c	11 445 410
	al expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)  V Supplemental Information	5	11,445,419.
line 4, Pa _ <b>PA</b>	ethis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I art X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.  RT Y, LINE 4: INTENDED USES OF ENDOWMENT FUND  HOLARSHIP AND GENERAL OPERATIONS.		

TEEA3304L 12/23/08

95-1641448

Schedule **D** (Form 990) 2008

Page 4

Schedule D (Form 990) 2008 LAGUNA BLANCA SCHOOL

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Schedu	ıle <b>D</b> (	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part :	XIV	Supplemental Information (continued)	
	<b>-</b>		
		·	
	- <b>-</b> -		
			- <del> </del>
	<b>-</b>		
~			
_	_		<b></b>

2008

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**LAGUNA BLANCA SCHOOL** 

95-1641448

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FINANCIAL AID AWARDED

TOTAL \$ -1,029,191.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

FINANCIAL AID AWARDED

TOTAL \$ -1,029,191.

#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

20

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number 95-1641448 LAGUNA BLANCA SCHOOL YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other 1 X governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Х 2 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain X 3 ALL MATERIAL USED INDICATES A POLICY OF NON-DISCRIMINATION. IN ADDITION, THE SCHOOL PUBLISHED ITS NON-DISCRIMINATORY POLICY IN A LOCAL NEWSPAPER 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 Х nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Х 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? X 5a b Admissions policies? 5bX c Employment of faculty or administrative staff? X 5 c d Scholarships or other financial assistance? X 5d e Educational policies? 5e Х f Use of facilities? 5f X a Athletic programs? X 5g h Other extracurricular activities? 5h X If you answered 'Yes,' to any of the above, please explain (If you need more space, attach a separate statement.) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х b Has the organization's right to such aid ever been revoked or suspended? X 6ь If you answered 'Yes,' to either line 6a or line b, 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

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service  Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number Name of the organization 95-1641448 LAGUNA BLANCA SCHOOL Part | Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b if 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table. (v) Amount paid to (III) Did fundraiser (ii) Activity (iv) Gross receipts (or retained by) (vi) Amount paid to (i) Name of individual or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained by) of contributions? col (i) organization Yes No CONSULTI BROWNING & ASSOC. NG 81,557 X Total 81,557 0. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Complete it reported more than \$15,000 on F	f the organization a Form 990-F7 line (	answered 'Yes' to F 6a . List events with	Form 990, Part IV, Laross receints are	line 18, eater tha	or in \$5 (	റററ	
		reported more than \$15,000 on t	(a) Event #1 AUCTION	(b) Event #2	(c) Other Events	(d) To	tal Ever	nts	
R			(event type)	(event type)	(total number)	cc	ol. (c))	<del>.</del>	
REVENUE	1	Gross receipts	373,475.			<u> </u>	373 <i>,</i>	<u>475.</u>	
Ě	2	Less Charitable contributions						<u> </u>	
	3	Gross revenue (line 1 minus line 2)	373,475.				373,	<u>475.</u>	
	4	Cash prizes							
DIRECT	5	Non-cash prizes							
	6	Rent/facility costs	<u></u> -			-			
EXPENSES	7	Other direct expenses	107,219.				107,	<u>219.</u>	
Ē	8	Direct expense summary Add lines 4- th			•		107,		
Pai	9 rt	Net income summary. Combine lines 3 and Gaming. Complete if the organize		es' to Form 990 P	art IV line 19 or r		266,2		
	N. F. 24.4	\$15,000 on Form 990-EZ, line 6a	i.	CS 10 1 01111 990, 1 7	are ry, line 15, or r	sported .	———	шап	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	tal gam (a) thr ol. (c))	ing ough	
Ē		Cross ravenue							
	1	Gross revenue				<del> </del>			
_	2	Cash prizes							
DIRECT	3	Non-cash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
			Yes%	Yes%	Yes%				
	6	Volunteer labor	No	No	No	<del>                                     </del>			
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶.									
9	Ente	er the state(s) in which the organization op	erates damino activities	•		<u> </u>	YES	NO	
_		ne organization licensed to operate gaming					a		
t	o If 'N	o,' Explain.							
		e any of the organization's gaming license	s revoked, suspended of	or terminated during the	tax year?	10	<u>a</u>	ļ	
t	) IT 'Y	es,' Explain							
		-,							
11		s the organization operate gaming activitie			alles and to the	11	-		
12 ——	adm	ne organization a grantor, beneficiary or tru ninister charitable gaming?	ustee of a trust or a mer	mber of a partnership or		12			
BAA			TEEA3702L (	08/15/08	Schedule G (Fo	rm 990 or	990-EZ	) 2008	

Schedule G (Form 990 or 990-EZ) 2008 LAGUNA BLANC	A SCHOOL	95-164144	<u> 48 </u>	Page 3
				YES NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility		13a %	<u>.</u>	
<b>b</b> An outside facility		13b %		
14 Provide the name and address of the person who prepare	ares the organization's gaming/specia	l events books and records.		
Name. ►				
Address. •				
15a Does the organization have a contact with a third party			15a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received to	by the organization \$	and the amount		
of gaming revenue retained by the third party \$	·		1 1	
c If 'Yes,' enter name and address				
Name •				
Address. •				
16 Gaming manager information				
Name ►				
Gaming manager compensation  \$				
Description of services provided ▶				
Director/officer Employee	Independent contractor	r		
17 Mandatory distributions				
a Is the organization required under state law to make ch state gaming license?		•	17a	
<b>b</b> Enter the amount of distributions required under state la		zations or spent in the		
organization's own exempt activities during the tax year			$\perp \perp \perp$	
BAA	TEEA3703L 07/18/08	Schedule <b>G</b> (Form 99	30 or 990	)-EZ) 2008

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.

► Attatch to Form 990.

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service		► Compl	ete if the organizati	<ul> <li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li> <li>Attatch to Form 990.</li> </ul>	orm 990, Part IV, lines 0.	21 or 22.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
왉	SCHOOL						95-1641448	œ
Part   General In	General Information on Grants and Assistance	its and Assist	ance					
1 Does the organiza the selection criter 2 Describe in Part I'	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	substantiate the and substance are substance cedures for monito	amount of the grant: ?? oring the use of gran	the grants or assistance, the grantees' eligibility for the grants or assistance, and use of grant funds in the United States	ntees' eligibility for the gates	grants or assistance, a	pu	Yes No
Part II Grants an	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	e to Governmo	ents and Organ eceived more t	i <b>zations in the Uni</b> han \$5,000. Check	ted States. Complete this box if no one	ete if the organiza	ation answered ' d more than \$5,0	1
Part IV an	Part IV and Schedule I-1 (Form 990) if additional space is needed	rm 990) if add	itional space is	needed				<u>×</u>
1 (a) Name and address of organization or government	sss of organization iment	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
					;			
<ul><li>2 Enter total number</li><li>3 Enter total number</li></ul>	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government orga	anizations				<b>A A</b>	

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

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

Page 2 LAGUNA BLANCA SCHOOL

Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 1,029,191 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008

Part III | Grants and C FINANCIAL AID Part IV BAA

#### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Inspection

Employer identification number

LAGUNA BLANCA SCHOOL			95-1641448			
Part I Questions Regarding	Compensation					
			<b></b>	Ye	es M	No
1a Check the appropriate box(es) if VII, Section A, line 1a. Complete	the organization provided any e Part III to provide any relevan	of the following to or for a person liste it information regarding these items.	d in Form 990, Part			
First-class or charter travel	ក្	X Housing allowance or residence for	r personal use			
Travel for companions		Payments for business use of pers	i			
Tax indemnification and gro	ss-up payments	X Health or social club dues or initiat	ion fees		1	
X Discretionary spending acco	unt	Personal services (e.g., maid, chai	uffeur, chef)			
<b>b</b> If line 1a is checked, did the org of the expenses described abov	anızatıon follow a written policy e? If 'No,' complete Part III to e	r regarding payment or reimbursement explain	or provision of all	ь	ζ	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3 Indicate which, if any, of the foll CEO/Executive Director. Check	owing organization uses to esta all that apply	ablish the compensation of the organiz	ation's			
X Compensation committee	[7	X Written employment contract				
Independent compensation	consultant	X Compensation survey or study				
X Form 990 of other organizat	ions	Approval by the board or compens	ation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.						
a Receive a severance payment o	r change of control payment?	·	4	a	] :	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						X
c Participate in, or receive payment from, an equity-based compensation arrangement?						X
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III						
Only 501(c)(3) and 501(c)(4) orga	anizations must complete lines	5-8.				
5 For persons listed in Form 990, contingent on the revenues of.	Part VII, Section A, line 1a, did	the organization pay or accrue any co	ompensation			
a The organization?			_ 5	а		<u>X_</u>
<b>b</b> Any related organization?			5	b		X
If 'Yes' to line 5a or 5b, describe	ın Part III.		,			
6 For persons listed in Form 990, contingent on the net earnings of	Part VII, Section A, line 1a, did if.	the organization pay or accrue any co	ompensation		-	
a The organization?			6	a		<u>X_</u>
<b>b</b> Any related organization?			6	b		X
If 'Yes' to line 6a or 6b, describe	ın Part III.					
7 For person listed in Form 990, P described in lines 5 and 62 If 'Ye	art VII, Section A, line 1a, did t es,' describe in Part III	the organization provide any non-fixed	payments not 7	_		<u>x</u> _
8 Were any amounts reported in F contract exception described in I	orm 990, Part VII, paid or accru Regs_section 53 4958-4(a)(3)?	ued pursuant to a contract that was su If 'Yes,' describe in Part III	bject to the initial		;	X

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 LAGUNA BLANCA SCHOOL

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC	MISC. compensation	Constant Co	- Handrady (A)	77 To 1 of 1 of 1	
(A) Name	1	(i) Base compensation		(III) Other compensation	compensation	benefits	(E) (D) (B) (D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2008

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Employer identification number

Name of the organization  LAGUNA BLANCA SCHOOL	Employer identification number 95-1641448
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
AN ELECTRONIC VERSION OF THE 990 WILL BE PROVIDED TO EACH BOARD	MEMBER FOR REVIEW
AND COMMENT. ONCE ALL COMMENTS ARE ADDRESSED THE 990 WILL BE F	TILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF C
CONFLICT OF INTEREST AGREEMENT SIGNED BY EACH BOARD MEMBER EVER	RY SEPTEMBER.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEE:
COMPARABLE DATA REVIEWED BY COMPENSATION COMMITTEE, COMPENSATION	N PACKAGE SUBMITTED
TO FULL BOARD FOR APPROVAL.	<b></b>
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
UPON REQUEST	
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TEEA4901L 12/19/08