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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 Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2008 calendar year, or tax year beginning AUG 1, 2008 and	ending J	UL 31, 2009				
В	Check If applicable	Please use IRS C Name of organization		D Employer identific	ation number			
	Addres	is label or who creating out the control of the creating of th						
Ē	Name change	type C D		84-07	747083			
Ē	Instial	See Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Termin	I Chooded		303-794-6222				
	Ameno			G Gross receipts \$	1,709,305.			
	Applic	* LITTLETON, CO 80120-3536		H(a) Is this a group re				
	pendir	F Name and address of principal officer:RENU ROSE		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No			
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		1	ist. (see instructions)			
		e: > WWW.MACKINTOSHACADEMY.COM		H(c) Group exemption				
		organization X Corporation Trust Association Other	L Year	of formation 19//M	State of legal domicile. CO			
P	art I	Summary		WAAT HAD AT	7000			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: $\frac{PRIV}{TALENTED}$ STUDENTS IN LITTLETON, COLORADO	ATE SC	HOOL FOR GI	FTED AND			
E		Check this box if the organization discontinued its operations or dispositions.		than 25% of its assets	i.			
ove.		Number of voting members of the governing body (Part VI, line 1a)		3				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0			
Se	5	Total number of employees (Part V, line 2a)		5	32			
Ę	6	Total number of volunteers (estimate if necessary)		6	8			
ţ;	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	··· ,	7b	0.			
			<u> </u>	Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		99,930.	86,500.			
en (Program service revenue (Part VIII, line 2g)	·	1,437,741.	1,561,438.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	- -	51,788.	30,044.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,200.	31,031.			
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	1,636,659.	1,709,013.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		127,730.	110,207.			
		Beniefits raid to orifor members (Part IX, column (A), line 4)		997,064.	1,189,054.			
Ses	145	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	' -	JJ11004.	1,100,004.			
xpense	16a	Professional fundaising fees (Part IX, column (A), line 11e)	144		······································			
۱ă		102, 101, 101, 101, 101, 101, 101, 101,		437,232.	395,961.			
_		Other expenses (Eart IX, column (A), lines 11a-11d, 11f-24f) Total (expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,562,054.	1,695,222.			
		Revenue less expenses. Subtract line 18 from line 12		74,605.	13,791.			
- 	3	Bovenue less expenses. Subtract line 16 from line 12		Beginning of Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		2,479,769.	2,469,527.			
ASS	21	Total liabilities (Part X, line 26)	•	1,543,010.	1,518,977.			
let.	22	Net assets or fund balances. Subtract line 21 from line 20		936,759.	950,550.			
P	art II	Signature Block		• • • • • • • • • • • • • • • • • • •				
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules a	and statements,	and to the best of my knowledg	ge and belief, it is true, correct,			
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	·	_1.			
Sig	ın :	Xena B. X Ose		X 3/1	5/10			
He		Signature of officer		Date				
		RENU ROSE, HEAD OF SCHOOL						
		Type or print name and title						
D-1	d	Preparer's Date			er's identifying number structions)			
Pai		signature	1-10 er	nployed				
	parer's Only	Firm's name (or yours if		EIN ►				
Uat	. Only	self-employed) 5031 S ULSTER ST - STE 420			00 770 700			
		ZIP+4 DENVER, CO 80237		Phone no ► 3	03.779.5006			
<u>Ma</u>	y the li	RS discuss this return with the preparer shown above? (see instructions)			X 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	X	x
If "Yes," complete Schedule A		
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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 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 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 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	
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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		
reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 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 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		
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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		X
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		
		X
Schedule D, Part III		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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	Х	
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, IX, or X as applicable	X	
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	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Х	T
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1
and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		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		1
located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		\top
located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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 18 18 18 18 18 18 18 18 18 18 18 18 1		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_	X
21 Did the organization operate one of more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21		X
		X
	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		╁
last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	1	1
		X
O4h		 ^
		+
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
any text oxion problems		┿
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		+
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		x
disqualified person during the year? If "Yes," complete Schedule L, Part I	├—	┼≏
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		V
prior year? If "Yes," complete Schedule L, Part I	 -	X
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		v
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	 	X
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	000	<u> X</u>

Form **990** (2008)

Part IV Checklist of Required Schedules (continued) Yes No 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 X 28a person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV b Have a family member who had a direct or indirect business relationship with the organization? X 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

			Yes	No						
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)		į						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	_1c		_X_						
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	2		ĺ						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	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]	Х						
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
	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						
ь	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			ĺ						
	Financial Accounts.			ĺ						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	·	Х						
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
c	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		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	4								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal									
	benefit contract?	7e	ļ	<u>X</u>						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X						
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	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		1	1						
	excess business holdings at any time during the year?	8	ļ							
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1	-						
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>						
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: N/A									
а	Initiation fees and capital contributions included on Part VIII, line 12	-		ĺ						
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Ė						
11	Section 501(c)(12) organizations. Enter: N/A			İ						
a	Gross income from members or shareholders	-		į						
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			į						
40	amounts due or received from them.)	٠,	1	İ						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	<u> </u>	000	(0000)						
		rom	990	(∠טטצ)						

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

For each "Yes" response to lines 2-7 below, and for a "Not response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. 1a Enter the number of violing members that are independent 1b Enter the number of violing members that are independent 1c dary officer, cirector, rustee, or key employees? 2 X 3 Det the organization delegate control over management duties customarily performed by or under the direct supervision of offices, director, frustee, or key employees to a management company or other person? 3 X 4 X 4 X 5 Det the organization make any applicant changes to the organization delegate control over management duties customarily performed by or under the direct supervision of offices, directors or trustees, or key employees to a management company or other person? 5 Det the organization make any applicant changes to the organization documents such the proof Form 990 was filed? 6 Des the organization make numbers or stockholders? 7 Described the powering body subject to approval by members, stockholders, or other persons? 8 Des the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Are any decisioned any applicant organization that the meetings had or written actions undertaken during the year by the following: 1a The governing body? 1b Each committee with authority to act on behalf of the governing body? 2c A X 5 Des the organization have benefits of the governing body? 2d The subject of the proof	<u>Sec</u>	tion A. Governing Body and Management			
a Enter the number of voting members of the governing body be filter the number of voting members of the governing body control of the contr				Yes	No
tall Earter the number of voting members of the governing body Did any officer, director, trustees, or key employee? Did the organization oblegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a menagement company or other person? Did the organization newseary seginificant changes to lia organizational documents since the prior Form 990 was filled? Did the organization become aware during the year of a material diversion of the organization assets? So best the organization have members, stockholders, or other persons who may elect one or more members of the operation have members or stockholders, or other persons who may elect one or more members of the operation have members, stockholders, or other persons of the organization have members of the operation by the following: A part of the poverning body subject to approval by members, stockholders, or other persons? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The poverning body? Each committee with authority to act on behalf of the opverning body? Each committee with authority to act on behalf of the opverning body? Each committee with authority to act on behalf of the opverning body? Was a copy of the Form 990 provided to the organization of soverning body before it was filed? All organizations must describe 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 material solding with the policy? Was a copy of the Form 990 provided to the organization uses to review the Form 990. 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990.		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
b Enter the number of voting members that are independent 2 Od any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Det 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? 4 Dot the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dot the organization have members as stockholders? 6 Doses the organization have members or stockholders? 7 Doses the organization have members, stockholders? 8 Doses the organization have members, stockholders? 9 Doses the organization have members, stockholders? 10 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 11 Degree of the governing body? 12 Are the following: 13 Are the following: 14 A B Are the following: 15 A B Are the following: 16 Det the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 17 Degree of the governing body? 18 Deserved of the form 900 provided to the governing body? 19 Deserved of the form 900 provided to the organization of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 900 provided to the organization spoverning body before it was filed? All organizations must describe in Schedule O the processes if any the granization scale with the policy? 10 A Section B. Policies 11 Experimental provides and provide the names and addresses in Schedule Of the process. If any the organization is mainly address? If Yes, provide the names and addresses in Schedule Of the process for determining compensation or the fellowing persons include a review and approval by independent perso		processes, or changes in Schedule O. See instructions.			
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	1a	and the field of total grant and governing and			
officer, director, fustee, or key employee? Did the organization delegate control over management duties outstornarily performed by or under the direct suparvision of officers, directors or fusitese, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization have members are during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? A ray and ecisions of the governing body subject to approval by members, stockholders, or other persons? The poverning body? Deach the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The poverning body? Deach the organization have local chapters, branches, or affiliates? Diff Yes," does the organization have virtlen policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Divides a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedulo Ot the process, if any, the organization is to review the form 990 The policies Ves No. Section B. Policies Policies A respectively of the form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedulo Ot the organization the organization was not review the form 990 The policies of the process of the process, if any, the organization was to review the form 990 The policies Ves No. Policies Ves No. Policies Policies A respectively of the Form 990 provided to the organization's governing the organization of the activation policy? The policies of the organization have a written occurrent retentio	b	Enter the number of voting members that are independent			
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	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
of officers, directors or trustees, or key employees to a management company or other person? A			2		<u>X</u>
A Did the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons? 7 No IX 8 Did the organization have members, stockholders, or other persons? 7 No IX 8 Did the organization on the governing body subject to approval by members, stockholders, or other persons? 7 No IX 8 Did the organization on the power of the governing body? 8 Did the organization have following: 8 The governing body? 9 Does the organization have local chapters, branches, or affiliates? 9 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? 9 No IX 9 Did 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? 9 No IX 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990 10 X Is there any officer, direct or trustee, or key employee betted in Part IVI, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 X 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Ar officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 to conflicts? 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower poli	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
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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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CO 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 □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ARLEEN BROGAN-SMITH − 303-794-6222 7018 S PRINCE STREET, LITTLETON, CO 80120	b		15b	-	
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CO 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 □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ARLEEN BROGAN—SMITH — 303—794—6222 7018 S PRINCE STREET, LITTLETON, CO 80120	b				
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ARLEEN BROGAN-SMITH - 303-794-6222 7018 S PRINCE STREET, LITTLETON, CO 80120			.a ►		
7018 S PRINCE STREET, LITTLETON, CO 80120	20		ation: ▶	_	
	83200		Form	000	(0000)

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

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)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average hours	/2		Posi	ition that apply)			Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual frustee or director	Institutional frustee			Highest compensated Complexes	-	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
SALLY VANCE-ALLEN								0.	0.	0	
ANDY HANCOCK FREASURER								0.	0.	0	
CURTIS V SMITH, ATTORNEY								0.	0.	0	
DR. REX BROWN PRESIDENT								0.	0.	0	
JEAN SAYRE SECRETARY	····	_						0.	0.	0	
NANCY GARY, PSYCHOLOGIST								0.	0.	0	
DAVID YOUNGGREN PAST TREASURER								0.	0.	0	
RENU ROSE HEAD OF SCHOOL	40.00				х			114,935.	0.	39,633	
				_							
								:			
					<u> </u>	-					

Form **990** (2008)

832007 12-18-08

(A) Name and title		(B) Average	(C) Position						(D) (E) Reportable Reportable			(F) Estimate		
		hours per week	Individual trustee or director	ec ecternal trustee	all		Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s	com fr org	nount other pensa om th anizat d relat	ation ne tion ted
								_						
												_		
									114 025				0 6	
1b 2	Total	e in 1a) who re	ceiv	ed n					114,935. 000 in reportable		0.			33. 1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s									mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co ," co	omp <i>mpl</i> e	ensa ete S	atior S <i>chi</i>	n and edul	d ot e J i	her compensation from for such individual			4	Х	
5 Sec	Did any person listed on line 1a receive or a the organization? If "Yes," complete School tion B. Independent Contractors				rom	any	y uni	relat	led organization for serv	rices rendered to		5		х
1	Complete this table for your five highest co	empensated in	depe	ende	ent c	ont	racto	ors t	that received more than (B)	\$100,000 of con	npensa		from	
	(A) Name and business	address							Description of	services	C	ompe	nsatio	on
								_						<u></u>
2	Total number of independent contractors (from the organization ▶	including those	e in	1) wl	ho re	ecei	ved	moi	re than \$100,000 in con	npensation				(2008)

1a 1b

1c

1d

1e

86,500.

Business Code

1 a Federated campaigns

b Membership dues c Fundraising events

d Related organizations

h Total. Add lines 1a-1f

e Government grants (contributions)

f All other contributions, gifts, grants, and

similar amounts not included above g Noncash contributions included in lines 1a-1f \$

Contributions, gifts, grants and other similar amounts

(A)

Total revenue

86,500.

(B)

Related or

revenue

1568407.

d All other revenue

e Total. Add lines 11a-11d .

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

7,261.

1709013.

54,106.

Form 990 (2008)

Part IX Statement of Functional Expenses

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

clude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
s and other assistance to governments and izations in the U.S. See Part IV, line 21				
ts and other assistance to individuals in				
I.S. See Part IV, line 22	110,207.	110,207.		
ts and other assistance to governments,				
nizations, and individuals outside the U.S.				
Part IV, lines 15 and 16				
fits paid to or for members				
pensation of current officers, directors,				
ees, and key employees	154,568.	30,914.	115,926.	7,728
ensation not included above, to disqualified				
ns (as defined under section 4958(f)(1)) and				
ns described in section 4958(c)(3)(B)				
r salaries and wages	852,323.	640,726.	202,000.	9,597
on plan contributions (include section 401(k)			•	
ection 403(b) employer contributions)	11.711.	2,342.	8,783.	586
r employee benefits	11,711. 99,238.	2,342. 83,089.	15,626.	586 523 712
oli taxes	71,214.	54,835.	15,667.	712
for services (non-employees):	, , , , , , , ,			
	12,500.	625.	11,250.	625
unting	12/300.	023.	11/2300	023
ying				
ssional fundraising services. See Part IV, line 17				
tment management fees	13,329.	10,521.	2,161.	647
[· · · · · · · · · · · · · · · · · · ·	28,589.	15,467.	11,692.	1,430
rtising and promotion	95,055.	85,550.	8,073.	1,432
expenses	18,750.	13,298.	2,546.	2,906
mation technology	10,750.	13,290.	2,340.	2,300
lties	70,093.	57,477.	12,616.	
pancy	19,334.	19,334.	12,010.	
·	19,334.	19,334.		
nents of travel or entertainment expenses				
ny federal, state, or local public officials	10 510	18,519.		
erences, conventions, and meetings	18,519.		1 106	
est	22,482.	17,986.	4,496.	
nents to affiliates	70 700	64 607	14 100	
eciation, depletion, and amortization	78,789.	64,607.	14,182.	250
ance	17,610.	13,830.	3,522.	258
expenses. Itemize expenses not covered (Expenses grouped together and labeled llaneous may not exceed 5% of total ses shown on line 25 below)		***		
NTING AND REPRODUCTI	911.	774.	137.	
her expenses	- · · · 			
functional expenses. Add lines 1 through 24f	1,695,222.	1,240,101.	428,677.	26,444
Costs. Check here riffollowing	1,000,222			20/111
- 1				
8-2. Complete this line only if the organization	ļ			
ed in column (B) joint costs from a combined				
Costs. Check here 18-2. Complete this led in column (B) joi	rf following ine only if the organization	if following ine only if the organization int costs from a combined	ine only if the organization nt costs from a combined	ine only if the organization nt costs from a combined

Form **990** (2008)

rai	スス	Balance Sneet	<u> </u>					
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	1,439,058.	1	1,364,624			
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net	15,235.	4	24,347			
	5	Receivables from current and former officers, directors, trustees, key						
		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				
(A	7	Notes and loans receivable, net		7				
Assets	8	Annual Control of the		8				
As	9	Prepaid expenses and deferred charges	23,735.	9	67,809			
	_	Land, buildings, and equipment: cost basis 1, 354, 908.						
	ı		1		i I			
	6	Less: accumulated depreciation. Complete Part VI of Schedule D	728,724.	10c	757,772			
			,20,,	11				
	11 12	Investments - publicly traded securities	270,069.	12	252,525			
			2,0,000	13				
	13	, -		14				
	14	Intangible assets	2,948.	15	2,450			
	15	Other assets. See Part IV, line 11	2,479,769.	16	2,469,527			
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	36,141.	17	19,374			
			30/111	18	22/3/2			
	18 19	Grants payable	1,098,444.		1,112,688			
	1		2,050,2220	20				
Liabilities	20	Tax-exempt bond liabilities		21				
	21	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,						
<u>.</u>	22	highest compensated employees, and disqualified persons. Complete Part II						
Lia		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	408,425.	23	386,915			
	24			24				
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	1,543,010.	26	1,518,977			
		Organizations that follow SFAS 117, check here X and complete	1					
ç		lines 27 through 29, and lines 33 and 34.						
ğ	27	Unrestricted net assets	686,109.	27	648,032			
alar	28	Temporarily restricted net assets		28	30,596			
Ä	29	Permanently restricted net assets	250,650.	29	271,922			
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here						
<u>۲</u>		complete lines 30 through 34.						
ţş	30	Capital stock or trust principal, or current funds		30				
SSe	31	Paid in or capital surplus, or land, building, or equipment fund		31	· <u>-</u> · ·			
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32				
ž	33	Total net assets or fund balances	936,759.	33	950,550			
	34	Total liabilities and net assets/fund balances	2,479,769.		2,469,527			
Pa		Financial Statements and Reporting						
			_		Yes No			
1	Acco	ounting method used to prepare the Form 990: $oxed{X}$ Cash $oxed{\Box}$ Accrual $oxed{\Box}$	Other					
2a	Were	e the organization's financial statements compiled or reviewed by an independent	accountant?		2a X			
b	b Were the organization's financial statements audited by an independent accountant?							
c								
		w, or compilation of its financial statements and selection of an independent acco			2c X			
За		result of a federal award, was the organization required to undergo an audit or au		gle Au				
		and OMB Circular A-133?			<mark>3a X</mark>			
<u>b</u>	If "Y	es," did the organization undergo the required audit or audits?		···	. 3b			
83201	1 12-18	3-08			Form 990 (200			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No 1545-0047

Name of t	he organizati	on						En		lentification		ber
		MACKINT	OSH ACADEMY		_				84	<u>-0747</u>	<u>083</u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complete	e this part	.) (see inst	ructions)				
The organization is not a private foundation because it is: (Please check only one organization.) 1								rom nent 5.				
	of supported	organization in pol (ii) Link organization in pol (organization in pol (organization in pol (organization))							Inzation in Corp		nount of	
		,	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			,									
Total	Privacy Act an	nd Panerwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.	<u></u>	Schedul	e A (Form	1 990 or 99	 90-EZ)	2008

Schedule A (Form 990 or 990-EZ) 2008

Page 3 Schedule A (Form 990 or 990-EZ) 2008 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 **(b)** 2005 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 · 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 (d) 2007 (e) 2008 (f) Total (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 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) 14 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, Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 <u>%</u> 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 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 line 19a, and line 16 is more than 33 1/3%, and

Schedule A (Form 990 or 990-EZ) 2008

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	MACKINTOSH ACADEMY		84-0747083
Pa	Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) December of funds	0.5
	<u></u>	(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	L	
5	Did the organization inform all donors and donor advisors in writing	ig that the assets held in donor advise	
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advise		
-	for charitable purposes and not for the benefit of the donor or do		
Pai	Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (e.g., recreation or pleas	· —	torically important land area
	Protection of natural habitat	Preservation of certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conserva	tion contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	•		2b
C	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	e organization during the taxable
	year ▶	_	
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic		
			Yes N
6	Staff or volunteer hours devoted to monitoring, inspecting, and e	_	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIV, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes	the organization's accounting for
-	conservation easements.		Mhay Cinsilay Assats
Pal	Organizations Maintaining Collections of Ar		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990	Part IV, line 6.	
_			
та	If the organization elected, as permitted under SFAS 116, not to	•	
	treasures, or other similar assets held for public exhibition, education, education, and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition and the similar assets held for the similar		blic service, provide, in Part AIV, the text
	the footnote to its financial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116, to repo		
	or other similar assets held for public exhibition, education, or res	earch in furtherance of public service	e, provide the following amounts relating
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		
_			. • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasur		a gain, provide
	the following amounts required to be reported under SFAS 116 re	_	. .
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• \$
1114	For Division And and December 19 Street And Mark	Instructions for Form 000	Schodule D /Farra con co
	For Privacy Act and Paperwork Reduction Act Notice, see the	moductions for Form 880.	Schedule D (Form 990) 20

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	74,578.			74,578
b Buildings	1,084,023.		535,658.	548,365
c Leasehold improvements				
d Equipment	196,307.		61,478.	134,829
e Other				

Schedule D (Form 990) 2008

14510301 786847 MACINTOSH

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments - Other Securities. See	Form 990, Part X, line 12	•		
(a	a) Description of security or category (including name of security)	(b) Book value) Method of valuati or end-of-year mark	
Financial de	envatives and other financial products				
	d equity interests				
Other					
	STANLEY - PERMANENTLY				
RESTRI		250,650.	COST		
	STANLEY - UNRESTRICTED	1,875.	COST		
_					
					······
) should equal Form 990, Part X, col (B) line 12)	252,525.			
Part VIII	Investments - Program Related. Se	ee Form 990, Part X, line 1	3		
	(a) Description of investment type	(b) Book value	(c) Method of valuat or end-of-year mark	
			<u> </u>		
					 -
					w
					
				·	
Total (Cal /h	o) should equal Form 990, Part X, col (B) line 13)				
	Other Assets. See Form 990, Part X, line	15	<u> </u>		· · · · · · · · · · · · · · · · · · ·
K em c an o	(a)	Description			(b) Book value
-					
		·····	·		
	·				
	ımn (b) should equal Form 990, Part X, col (B) lii		<u></u>	<u>, ▶</u>	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount		
Federal inco	ome taxes				
Iotal. (Colu	ımn (b) should equal Form 990, Part X, col (B) lii		that raparts the areas	معرضا والمعرف	

under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 MACKINTOSH ACADEMY				84-(747083	Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to I	<u>Financi</u>	al State	ments			·
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,709	
2	Total expenses (Form 990, Part IX, column (A), line 25)		[2		1,695	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		}	3		13	<u>,791.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Pnor period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4-8			9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10			,791.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With	Rever	ue per R	eturn	1	
1	Total revenue, gains, and other support per audited financial statements				1	1,598	<u>,806.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
Ь	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	1,598	,806.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• •	•				
- م	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
a b	Other (Describe in Part XIV)	4b	11	0,207.			
C	Add lines 4a and 4b			•	4c	110	,207.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				5	1,709	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	th Expe	nses per	Retu		<u></u>
1	Total expenses and losses per audited financial statements		·····		1	1,585	,015.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	••	• • • • •		•	·
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			1 1		
_	Losses reported on Form 990, Part IX, line 25	2c			1 1		
d		2d			1 1		
	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1		•		3	1,585	,015.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-		•			
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь Ь	Other (Describe in Part YIV)	4b	11	0,207.	1 1		
•	Add lose 4s and 4h				4c	110	,207.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	1,695	
	rt XIV Supplemental Information			<u> </u>		= , = = 0	,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	. lines 1a	and 4. Pa	rt IV. lines 1	b and	2b: Part V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,o ra				,	,
	HEDULE D, PART XII, LINE 4B: SCHOLARSHIPS A	AND F	INANC	IAL AI	D G	RANTED	TO
201							
STI	JDENTS WERE NETTED AGAINST TOTAL TUITION AN	ND FE	ES RE	CEIVE	PE	R THE	
AIII	DITED FINANCIAL STATEMENTS ISSUED AS OF JUI	Y 31	, 200	9.			
-101	The state of the s		, •		•		
SCI	HEDULE D, PART XIII, LINE 4B: SCHOLARSHIPS	AND	FINAN	CIAL A	AID	GRANTED	то
201				·			
STI	JDENTS WERE INCLUDED IN PROGRAM SERVICES EX	KPENS:	ES PE	R FORM	1 99	0 PAGE	10,
<u>\</u>							
PAI	RT IX STATEMENT OF FUNCTIONAL EXPENSES, LIN	NE 2:	GRAN	TS OR	ASS	ISTANCE	TO
			-				
INI	DIVIDUALS.						
					Cabas	Auto D. /Com	200) 2000

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2008 No 1545-0047

2008 Open to Public Inspection

Name of the organization MACKINTOSH ACADEMY

Employer identification number 84-0747083

			TES	NU
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		v	
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		.,	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
А	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
_	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
c		5с		X
d		5d		X
е		5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g	<u> </u>	X
h	Other extracurricular activities?	5h	<u> </u>	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	<u> </u>	<u>X</u> _
b	Has the organization's right to such aid ever been revoked or suspended?	6b	ļ	X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	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	7	<u> </u>	<u> </u>

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

Schedule E (Form 990 or 990-EZ) 2008

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MACKINTOSH ACADEMY To denote information of carts and Assistance Designation and the organization manufactor of carts and Assistance Designation and the control of carts and admission of carts and admission of carts and admission of carts and admission of carts and admission of carts and admission of carts and admission of carts and admission of carts and other Assistance to Government and Organizations in the United States. The cart is and other Assistance to Governments and Organizations in the United States. The cart is and other Assistance to Governments and Organizations in the United States. The cart is and other Assistance to Governments and Organizations in the United States. The cart is and other Assistance to Government and Organizations in the United States. The cart is and other Assistance to Government and Organizations in the United States. The cart is and other Assistance to Government and Organizations in the United States. The cart is and other Assistance of Control of the Cart in the Cart in Car
if the organization answered "Yes' on Form 990, Part IV, line 21, for any Out to Use Part IV and Schedule I-1 (Form 990) if additional space is needed out of waluation (book, non-cash assistance fance FMV, appraisal, other)
if the organization answered "Yes" on Form 990, Part IV, line Of Use Part IV and Schedule I-1 (Form 990) if additional spacount of cash valuation (book, non-cash assistance FMV, appraisal, other)
ance All Waluation (book, non-cash assistance other) All Method of the company o

22

Page 2

84-0747083

Schedule | (Form 990) 2008 MACKINTOSH ACADEMY

| Part iii | 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.

(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)				Information.				
				er additional i				
(d) Amount of non- cash assistance				line 2, and any oth				
(c) Amount of cash grant	.0			required in Part I,				
(b) Number of recipients				e the information				
(a) Type of grant or assistance	SCHOLARSHIPS .9913 . \M*4,9,S,1			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

MACKINTOSH ACADEMY

Employer identification number 84-0747083

F	arti Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			
	Tax Indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	_5a_		X
b	Any related organization?	5b		<u> X</u>
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6ь		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7_		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
1 H	A For Privacy Act and Panerwork Reduction Act Notice, see the Instructions for Form 990 Schedule.	I (Form	, aan	2002

84-0747083

Schedule J (Form 990) 2008 MA

Part # 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 VIII.

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 of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(
(A) Name		(i) Base	(ii) Bonus &	(iii) Other	Deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior
		compensation	Incentive compensation	compensation				Form 990 or Form 990-EZ
	Θ	114,935.	0	0	0	39,633.	154,568.	0.
RENU ROSE	€	0	0	0	0	0	0	0.
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Schedule J (Form 990) 2008

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MACKINTOSH ACADEMY

Employer identification number 84-0747083

I MORINIOUN NOIDEMI
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMOTIONALLY, CREATIVELY, PHYSICALLY AND COGNITIVELY IN A NURTURING AND
SUPPORTIVE ENVIRONMENT.
FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO THE FILING OF FORM 990, A
DRAFT OF THE DOCUMENT WAS DISSEMINATED TO ALL BOARD OF DIRECTORS FOR
COMMENTS AND/OR CHANGES. ALL QUESTIONS OR COMMENTS WERE ADDRESSED PRIOR TO
SUBMISSION OF FORM 990 TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION C, LINE 18: UPON WRITTEN REQUEST, THE ACADEMY'S
FORM 1023, FORM 990 AND 990-T (IF APPLICABLE) CAN BE REVIEWED IN THE OFFICE
OF THE HEAD OF SCHOOL OR OTHER SUCH LOCATION DESIGNATED BY HER AT A DATE
AND TIME MUTUALLY AGREEABLE TO BOTH PARTIES.
FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THE ACADEMY'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
WILL BE MADE AVAILABLE TO THE PUBLIC FOR REVIEW IN THE OFFICE OF THE HEAD
OF SCHOOL OR OTHER SUCH LOCATION DESIGNATED BY HER AT A TIME AND DATE
MUTUALLY AGREEABLE TO BOTH PARTIES.
FORM 990, PART XI LINE 2C
AUDIT COMMITTEE
THE ACADEMY'S AUDIT COMMITTEE'S PROCEDURES FOR SELECTING AN INDEPENDENT
AUDITOR AND REVIEWING AND SIGNING OFF ON THEIR WORK HAS NOT CHANGED
FROM THE PRIOR YER.

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

Schedule O (Form 990) 2008

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 box									
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).									
Pa	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Туре	Name of Exempt Organization	Empl	loyer identification number						
print	MACKINTOSH ACADEMY	8	4-0747083						
File by extend due da	ted Number, street, and room or suite no. If a P.O. box, see instructions.	For II	RS use only						
filing to return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-F Form 990-F Form 990-T (trust other than above) Form 4720 Form 6069								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.									
ARLEEN BROGAN-SMITH									
• The books are in the care of ▶ 7018 S PRINCE STREET - LITTLETON, CO 80120									
Telephone No. ► 303-794-6222 FAX No. ► 303-794-2286									
• If 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 this is for the whole group, check this									
box	box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.								
4	I request an additional 3-month extension of time until JUNE 15, 2010.								
5	For calendar year, or other tax year beginning AUG 1, 2008, and ending JUL 31, 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								
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	s						
b	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	L							
	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	\$ N/A						
	Signature and Verification								
Unde ıt ıs tr	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct and complete, and that I am authorized to prepare this form	ne best o	of my knowledge and belief,						
Signa	ture Title ► HEAD OF SCHOOL	Date	.						
	. \		Form 8868 (Pay 4-2000)						

* ** * .