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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

A	or th	ne 2009 calendar year, or tax year beginning	, 2009, an	nd end	ling	_		, 20				
Во	heck if ap		MY			D Emplo	yer identıfi	cation num	ber			
	Addre					20-4587841						
	7)	print or Number and street (or P.O box if mail is not delivered to street	address)	Ro	om/suite	E Teleph	one number	r				
	┪	type 200 MEETING STREET		206		(843) 266-1717						
	┪	Specific City or town, state or country, and ZIP + 4		1200	<u> </u>	(0.07						
⊢	Amen	instruc-				G Gross	receints S	2	3/17	,198.		
\vdash	- return Applic	F Name and address of principal officer: BENJAMIN NAV	A D D O	-			a group retur		Yes	X No		
<u> </u>	pendi	200 MEETING STREET, SUITE 206 CHARLEST		101		affiliat	es?		{	H		
_	Ŧ			9401		1 ' '	ll affiliates incl		Yes	No		
<u> </u>		exempt status X 501(c) (3) 4947(a)(1) or 4947(a)(1) or	527			1		L (see instruct	10115)			
<u></u>		site ► WWW.MEETINGSTREETACADEMY.ORG		1			exemption nu					
K		of organization X Corporation Trust Association Other	·	L Yea	r of formal	tion 200	o M State	of legal do	micile	SC		
Pa	irt I	Summary										
	1	Briefly describe the organization's mission or most significant activities										
9		TO ESTABLISH AND MAINTAIN A RICH AND DYNAM					FOR					
anc		CHILDREN FROM FAMILIES WHO CARE DEEPLY ABO				<u>s</u>						
Ĕ		EDUCATION BUT CANNOT AFFORD TRADITIONAL PR	RIVATE SCH	HOOL.								
Governance	2	Check this box if the organization discontinued its operations	or disposed of n	nore th	an 25% o	fits net ass	ets					
≪ ক	3	Number of voting members of the governing body (Part VI, line 1a)					3			4		
	4	Number of independent voting members of the governing body (Part VI,	line 1b)				4			2		
Activities	5	Total number of employees (Part V, line 2a)					. 5			30		
Act	6	Total number of volunteers (estimate if necessary)					6			50		
	7 a	Total gross unrelated business revenue from Part VIII. column (C), ring	12/ED	. J			7a			0.		
	1	Net unrelated business taxable income from Form 990-T, line 34_ \ \	14.50	::l::			7ь			0.		
			1	9		Prior Y	ear	Cun	rent Y	ear		
4	8	Contributions and grants (Part VIII, line 1h)	9 2010 1			3,591	,704.	2,	288	,613.		
Revenue	9	Program service revenue (Part VIII, line 2g)	.0	135 ·			1,527.			,911.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		. 1.			3,530.			,009.		
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9q, 10c, (a) (1)	÷N; U1:	: لنــــــــــــــــــــــــــــــــــــ			0.			665.		
	12	Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A)	line 12)			3.664	,761.	2.	347	,198.		
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,	· · · · ·	 	0,000	0.			0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.			0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), li	\cdots				635	,972.				
Expenses	16.	- Destance of fundamental form (Dest IV column (A) line 44 c)	••	0.			-000	0.				
ben	I TO A	b Total fundraising expenses, Part IX, column (D), line 25)	• • • • • • •					ļ		:		
Ä	47					251	3,515.		001	,057.		
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			$\cdots \vdash$			1				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25			\cdots \vdash		618.	1,		<u>,029.</u>		
- 0		Revenue less expenses Subtract line 18 from line 12	<u> </u>			3,038 Beginning	,143.			,169.		
ts or		T. (1) (1) (1) (1)			<u>'</u>				d of Ye			
ssets Balan	20	Total assets (Part X, line 16)			\cdots	6,293				<u>, 499.</u>		
et As	21	Total liabilities (Part X, line 26)			\cdots \vdash		,111.			<u>,095.</u>		
Ž	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	• • • •	<u> l</u>	3,094	,235.	4,	001	<u>,404.</u>		
Pa	rt II	Signature Block										
		Under penalties of perjury, I declare that I have examined this return, incluand belief, it is true, correct and complete. Declaration of preparer (other										
_		and boild, it is true, confect faile complete boolands of property (only)	than officery is	bases	On Ga 1110)	1116		21.19 .01	omougo		
	ign						<u> 1717</u>	<u>~10</u>				
Н	еге	Signature of officer RH1 (1947)	C I MARIA			Dat	9					
		DENUMIN W. NAPARRO, PRE	SIDENT									
		Type or print name and title										
Paic	ı	Preparer's C + + A M. /	Date		Check if self-	_	Preparer's	s identifying uctions)	numbe	∌r		
	ı barer's	signature hw Jahr M. 1914	11/11/		employed	>		00240556				
	Only	If self-employed)	· · ·			EIN	> 3	33-118	7432	!		
	y	address, and ZIP + 4 PO BOX 15014 ALBANY, NY 1221	2-5014			Phone no	> 5	518-64	J-50	00		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				<u> </u>		ΧY	es	No		
For	Privad	acy Act and Paperwork Reduction Act Notice, see the separate instruct	ions *					For	m 990	(2009)		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
5	Sections 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		N/A
6	Did the organization maintain any donor advised funds or any similar funds or 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	i	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, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			i
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		j	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	 		
	complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	١ ا		
4.5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		į	
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ ر ا		.,
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,,		17
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	امدا	ŀ	v
20	If "Yes," complete Schedule G, Part III	19		<u> </u>
_20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	_N/A
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		N/A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	N/A
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l	1	١
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			}
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20	x	
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26	_^	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		х
28	If "Yes," complete Schedule L, Part III	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100		<u></u>
	Schedule L, Part IV	28b		l x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
-	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			İ
	Part IV	28c		х
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		Х
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	İ		
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1			
	U.S. Information Returns Enter -0- if not applicable	[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		N/A
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 30		i	
ь	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N/A
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		Х
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		N/A
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_N/A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		N/A
9	Sponsoring organizations maintaining donor advised funds.	[]	
а	Did the organization make any taxable distributions under section 4966?	9a		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N/A
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter			ļ
	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ	ł
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			

Form 9	90 (2009) 20-4587841			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71	b bel	ow,	and
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	r cha	nge	s in
	Schedule O. See instructions.			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 4			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	L
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following.			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		N/A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1.0.2
	form?	11		х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			-
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	X	
13		13	••	x
14	Does the organization have a written whistleblower policy?	14		x
15	• •	-14		<u> </u>
13	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		N/A
b	Other officers or key employees of the organization	15b		N/A
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		l,
	, , , , , , , , , , , , , , , , , , , ,	<u>16a</u>		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Soat	the organization's exempt status with respect to such arrangements?	16b		N/A
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE NONE			
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 X 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 SUSAN CLARK SHULER 200 MEETING STREET, SUITE 206 CHARLESTON, SC 294	01		

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) (B)			4_	((L-4		(D)	(E)	(F) Estimated
Name and Title	Average hours per week	on director	c Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BENJAMIN NAVARRO						Q		1		
PRESIDENT, CHAIRMAN OF BOD	1.00	Х		Х	L			0.	0	. 0
SUSAN CLARK SHULER SECRETARY, TREASURER, DIRECTOR	1.00	Х		Х				0.	0	0
GABRIELA DALNEKOFF DIRECTOR		Х						0.	0	0
EDMUND NAVARRO DIRECTOR		х						0.	0	. 0
										_
	_									

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	ey En	nple	oye	es,	and	Ηiς	hest Compensa	ted Emplo	yeea(co	ontinue	d)
(A)	(B) (C) Average Position (check all that apply							(D)	(E)			(F)
Name and title	Average hours per week	हाँ ndividual trustee or director	nstitutional trustee	Officer	Rey employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		amo compe froi orgai and	mated punt of ther ensation m the nization related sizations
									·			
	-											
								, ,				
1b Total						<u></u>	>	0.		0.		0
2 Total number of individuals (including but not lim reportable compensation from the organization	ited to thos	se liste)		bov	e) w	ho re	ceiv	ved more than \$100	,000 in			
												Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	x
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,000)? `	If "Y	'es,	" complete Sched	ule J for s	such		v
individual	or accn	ue co	omp	ens	atio	n fro	om	any unrelated of	rganization	for	4	X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete s	scnea	ui o .	J IOI	rsu	cn pe	rsor	,		• • • • • • • • • • • • • • • • • • • •	5	X
Complete this table for your five highest compensation from the organization.	compensati	ed in	dep	end	lent	conf	trac	tors that received	d more tha	ın \$100	0,000	of
(A) Name and business addr	ess							(B) Description of ser	vices		(C)	ation
							1					
							╁					-
	-						1_					
O Talaharan (1					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				iitec		thos 0	e I	isted above) who	received			

	t VIII			20-4587841							
				(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	1a b c d e	Federated campaigns									
ontribut nd other	g	and similar amounts not included above . If Noncash contributions included in lines 1a-1f \$	2,288,613			, 					
	h	Total. Add lines 1a-1f	<u> ▶</u>	2,288, <u>613</u> .							
ne		<u>[</u>	Business Code								
Program Service Revenue	2a b	TUITION		9,911	9,911.						
Servic	c d										
gram	e f	All other program service revenue									
<u></u>	g	Total. Add lines 2a-2f	▶	9,911							
	3	Investment income (including dividends, interest, other similar amounts) ATTACHMENT 3	and ▶	48,009.	48,009						
	4	Income from investment of tax-exempt bond proc		0			ļ				
	5	Royalties		0							
	6a b	Gross Rents	(II) Personal								
	c d	Net rental income or (loss)		0							
	7a	Gross amount from sales of assets other than inventory	(II) Other								
	b	Less cost or other basis and sales expenses									
	c d	Gain or (loss)		0.	•		<u> </u>				
une	l	Gross income from fundraising events (not including \$									
Other Revenu		of contributions reported on line 1c) See Part IV, line 18				,					
the	Ь	Less direct expenses b		0.		,					
0	9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19				,					
	b c	Less direct expenses		0							
	10a	Gross sales of inventory, less returns and allowances									
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory		, 0.							
	<u> </u>		Business Code		1	.	}				
	11a	OTHER INCOME		6,65			 				
	Ь						- 				
	С						 				
	d	All other revenue									
	12 e	Total Add lines 11a-11d		665	57 000	0	-				
	12	Total Revenue, See instructions		2,347,198	57,920	L	5 990 (2000)				

Part IX Statement of Functional Expenses

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

	All other organizations must complet	e column (A) but are	not required to comple	te columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,		_		
	organizations, and individuals outside the				İ
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	527,704.	527,704.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	63,173.	63,173.		
10	Payroll taxes	45,095.	45,095.		
11	Fees for services (non-employees)				
а	Management	0.		······································	
b	Legal	12,370.	12,370.		
С	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	2,338.	2,338.		
12	Advertising and promotion	8,939.	8,939.		
13	Office expenses	18,515.	18,515.		
14	Information technology	806.	806.		
15	Royalties	0.			· · · · · · · · · · · · · · · · · · ·
16	Occupancy	0.			
17	Travel	1,410.	1,410.		
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.	224 262		
20	Interest	234,369.	234,369.		
21	Payments to affiliates	0.	66 005		
22	Depreciation, depletion, and amortization	66,285.	66,285.		
23	Insurance ATCH. 5.	20,014.	20,014.		-
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)				
	·	5,880.	5,880.		
	DONATIONS TRANSPORTATION	5,880.	5,040.		1
	2011001 10110	72,117.	72,117.		
	SCHOOL MEALS SCHOOL SUPPLIES	54,959.	54,959.		
	DD T1100 100	64.	64.		
-		300,951.	300,951.		-
	All other expenses Total functional expenses. Add lines 1 through 24f	1,440,029.	1,440,029.		
	Joint Costs. Check here ► If following	27.10,025.	2,110,020.		
40	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
ISA	fundraising solicitation				

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	87,588.	1	54,990.
2	Savings and temporary cash investments	5,186,988.	2	13,034,724.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. 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			
اي	Part II of Schedule L		6	
Assets 7	Notes and loans receivable, net		7	
8 §	Inventones for sale or use		8	
` 9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment. cost or 10a 1,072,194.			
	other basis. Complete Part VI of Schedule D			
l b	Less: accumulated depreciation	1,016,470.	10c	973,609
11	Investments - publicly traded securities		11	
12	Investments - other secunties. 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	2,300.	15	143,176
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,293,346.	16	14,206,499
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	 	21	· · · · · · · · · · · · · · · · · · ·
Cabilities 22	Payables to current and former officers, directors, trustees, key			
윤	employees, highest compensated employees, and disqualified			
-	persons. Complete Part II of Schedule L	3,199,111.	22	10,199,111.
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	5,984
26	Total liabilities. Add lines 17 through 25	3,199,111.	26	10,205,095
ļ	Organizations that follow SFAS 117, check here ▶ ☐ and			
S	complete lines 27 through 29, and lines 33 and 34.			
등 27	Unrestricted net assets		27	
교 교 교 교	Temporarily restricted net assets		28	
물 29	Permanently restricted net assets		29	·
or Fund Balances	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.	,		
	Capital stock or trust principal, or current funds		30	
OD I		1,016,470.	31	973,609
ຼັ _ຜ 31	Paid-in or capital surplus, or land, building, or equipment fund			
31 32	Retained earnings, endowment, accumulated income, or other funds	2,077,765.	32	3,027,795.
SO 1			32 33	3,027,795. 4,001,404.

Form **990** (2009)

Form 990 (2009) Page 12 Part XI **Financial Statements and Reporting** Yes No X Cash Accrual Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х b Were the organization's financial statements audited by an independent accountant? 2b Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A 2c If the organization changed either its oversight process or selection process during the tax year, explain in d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**n**g

Department of the Treasury Internal Revenue Service

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

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OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ. ► See separate instructions Name of the organization Employer identification number MEETING STREET ACADEMY 20-4587841 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b Type II c Type III - Functionally integrated 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 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No Nο Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

Par	Support Schedule for Or (Complete only if you check	ganizations [ked the box o	Described in S n line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support		•				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u> </u>
5	The portion of total contributions by each		!				
	person (other than a governmental unit or					-	
	publicly supported organization) included		1			•	1
	on line 1 that exceeds 2% of the amount		1				1
_	shown on line 11, column (f)		·	ļ			
6	Public support. Subtract line 5 from line 4		<u> </u>	L	<u>I</u>	I	
	tion B. Total Support		1		1		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		ı				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	······					
11	Total support. Add lines 7 through 10		<u> </u>	<u>l</u>	<u> </u>	·	
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here		<u>.</u>	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (line	e 6, column (f) c	livided by line 11	, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Se					15	<u>%</u>
16a	33 1/3 % support test - 2009. If the o	_			•		. —
	this box and stop here. The organization	on qualifies as	a publicly suppo	rted organization	n		▶□
Ь	33 1/3 % support test - 2008. If the c	•					
	check this box and stop here. The orga	anızatıon qualıfı	ies as a publicly	supported orga	inization		▶ 📖
17a	10%-facts-and-circumstances test -2	009. If the orga	anization did no	t check a box o	n line 13, 16a o	r 16b, and line	14 is 10%
	or more, and if the organization me					-	•
	Part IV how the organization meets t	he "facts-and-o	circumstances"	test. The organ	zation qualifies	as a publicly	supported
	organization						
b	10%-facts-and-circumstances test - 2	2008. If the or	ganization did i	not check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the orga	anization meet	s the "facts-an	d-circumstances	" test, check t	his box and s	top here.
	Explain in Part IV how the organization	n meets the	facts-and-circur	nstances" test.	The organizatio	n qualifies as	a publicly
	supported organization	. .	. <i></i>				• □
18	Private foundation. If the organization						
	instructions	. <i>.</i>					▶ 🔲
		-					90 or 990-EZ) 2009

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

Sec	tion A. Public Support			<i></i>	•		
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(2) 2000	(6) 2000	(0) 2001	(4) 2000	(6) 2005	(1) Total
•	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						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					†	
•	benefit and either paid to or expended on					1	
	its behalf			<u> </u>			j
5	The value of services or facilities					 	
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and 3		1	1		 	
, u	received from disqualified persons					_	
ь	Amounts included on lines 2 and 3		1		' '		
	received from other than disqualified persons that exceed the greater of						İ
	\$5,000 or 1% of the amount on line 13 for the year		•				
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	~ ~~~~			,		
	line 6)		1				
Sec	tion B. Total Support		•	•			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,			1		1	
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carned on			1			
12	Other income Do not include gain or	*					
-	loss from the sale of capital assets			1			
	(Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year	as a section 501	I(c)(3)
	organization, check this box and stop here.			<u> </u>		<u></u>	▶ 🔲
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2009 (line 8, co	• • •		<i>'''</i>		15	<u> </u>
16	Public support percentage from 2008 Schedu	le A, Part III, line	15		<u> </u>	16	%_
<u>Sec</u>	tion D. Computation of Investment					, -,	
17	Investment income percentage for 2009 (lin					17	%
18	Investment income percentage from 2008 S	Schedule A, Part	III, line 17			18	<u> %</u>
19 a	33 1/3 % support tests - 2009. If the or	•					
	17 is not more than 33 1/3 %, check th	is box and sto	p here The org	anization qualifie	s as a publicly	supported organ	nization 🕨 📘
þ	33 1/3 % support tests - 2008 If the orga						. —
	line 18 is not more than 33 1/3 %, check		•	•		•	}I
20 JSA	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b			
JUM						Schedille A (Form S	990 or 990-EZ\ 2009

Schedule A (Form 990 or 990-EZ) 2009

Page 4

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

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Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Employer identification number Name of the organization MEETING STREET ACADEMY 20-4587841 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (dunng year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 . Complete lines 2a through 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 Total acreage restricted by conservation easements b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located

____ 5 Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

Assets included in Form 990, Part X

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Colle	ections o	of Art, Histo	orical	Treasure	s, or	Other Similar A	\ssets(c	continued)
2	Llong the emerication's acquisition		on and a	thar racarda	ob ook	any of the	fallo	una that are a siai	ouficant u	en of its
3	Using the organization's acquisition,		on, and o	iller records,	CHECK	arry or the	· IUIIU	virig triat are a sigi	illicarit u	se or its
_	collection items (check all that apply Public exhibition).			٦,	000 01 04	chanc	je programs		
a				₫ -	⊣		-			
b	Scholarly research			e [_	٬ ر	Other				
C	Preservation for future ger		. 11			ا سمالس کی				
4	Provide a description of the organiza	allon's C	onections	and explain	now the	ey luriner	irie or	yanızadon's exem	pi puipos	e III
_	Part XIV.				المسالمة	-11 1		a ar ather similar		
5	During the year, did the organization								г	7 v (7 v-
	assets to be sold to raise funds rath					_				
Par	Escrow and Custodial A IV, line 9, or reported an						ans	wered tes lor	.01111 991	u, Fart
1a	Is the organization an agent, trustee								_	
	included on Form 990, Part X?				. :				L	Yes No
b	If "Yes," explain the arrangement in	Part XI V	and com	plete the folio	owing t	able.				
								A	mount	
С	Beginning balance						1c			<u></u>
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amo	unt on F	Form 990	, Part X, line	21? .				L	Yes No
b	If "Yes," explain the arrangement in									<u>.</u> .
Par	t V Endowment Funds. Con	nplete if	organiza	ation answe	red "Y	es" to Fo	rm 9	90, Part IV, line	10.	
		(a) Curr	ent Year	(b) Prior ye	ear	(c) Two y	ears ba	ck (d) Three yea	ars back	(e) Four years back
1a	Beginning of year balance								,	
ь	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities .				F					
	and programs				ŀ					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	f the y ea	ar end bal	lance held as	i.					
а	Board designated or quasi-endowm			%						
ь	Permanent endowment	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the	- nepos s	ession of	the organiza	tion tha	at are held	and a	administered for th	e	
	organization by.	•		-						Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations									3a(ii)
Ь	If "Yes" to 3a(ii), are the related orga	anızatı on	s listed a	s required on	Sched	dule R? .				3b
4	Describe in Part XIV the intended us	ses of the	e organiz	ation's endov	vment	funds.				
Par	t VI Investments - Land, Bui	ldings, a	and Equ	ipmentSee	Form	1 990, Pa	rt X,	line 10.		
	Description of investment		(a) Cost	or other basis restment)	(b)	Cost or othe	i	(c) Accumulated depreciation	(d) Book value
1a	Land									
b	Buildings			0		891,9	61.	31,432		860,529.
С	Leasehold improvements									
d	Equipment				Ī	172,2	32.	65,993		106,239.
е	Other				L	8,0	00.	1,160		6,840.
Tota	I. Add lines 1a through 1e (Column	(d) must	equal Fo	rm 990, Part	X, colu	ımn (B), lir	ne 10((c)) <u>.</u>		973,608.
	-								Sched	ule D (Form 990) 2009

Part VII Inves		Form 990, Part X, line	1 401
(a) Desc (inc	oription of security or category studing name of secunty)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
inancial derivative	s		
	interests		
			· · · · · · · · · · · · · · · · · · ·
			
	·		
tal. (Column (b) must	equal Form 990, Parl X, col (B) line 12)	>	
	tments - Program Related. See	<u> </u>	13
		T "I	
(a) De	scription of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			<u> </u>
			. 1
And Continue the month			
	equal Form 990, Part X, col (B) line 13)	▶ has 45	
	r Assets . See Form 990, Part X,	line 15.	
	r Assets . See Form 990, Part X,	<u>- </u>	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
	r Assets . See Form 990, Part X,	line 15.	(b) Book value
Part IX Other	r Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other	r Assets. See Form 990, Part X,	line 15. (a) Description	(b) Book value
Part IX Other	r Assets. See Form 990, Part X,	line 15. (a) Description	(b) Book value
Part IX Other Otal. (Column (b) must over the column (c) must over the column (b) must over the column (b) must over the column (c) must over the	r Assets. See Form 990, Part X,	line 15. (a) Description	(b) Book value
otal. (Column (b) must cart X Other	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part	June 15. (a) Description X, line 25.	(b) Book value
etal. (Column (b) must of the Cart X Other (a cederal income taxed)	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	
etal. (Column (b) must of the Cart X Other (a cederal income taxed)	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	June 15. (a) Description X, line 25.	
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etal. (Column (b) must of the Cart X Other (a cederal income taxed)	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	
etal. (Column (b) must of the Cart X Other (a cederal income taxed)	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	
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otal. (Column (b) must of the Column (c) must of the Column (a) ederal income taxed	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	
ptal. (Column (b) must of the column (column column (column (c	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	
Part IX Other Otal. (Column (b) must of the column (c) must of the	equal Form 990, Part X, col (B) line 15) r Liabilities. See Form 990, Part X, col (B) line 15) p Liabilities. See Form 990, Part X, col (B) line 15)	X, line 25. (a) Description	

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

chedul	D (Form 990) 2009	20-4587841	_	Page 4
Part :	Reconciliation of Change in Net Assets from Form 990 to Aug	dited Financial Stater	nents	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)	• • • • • • • • • • • • • • • • • • • •		
9	-			
	Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines			
10 Part				
			Luin	
1	Total revenue, gains, and other support per audited financial statements		• • -	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
a	Net unrealized gains on investments			
Ь	Donated services and use of facilities		_	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1		$\cdot \cdot L$	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV.)	4b	\Box	
С	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5
Part	Reconciliation of Expenses per Audited Financial Statements			rn
1	Total expanses and lesses per sudited financial statements		T	1 .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••	<u> </u>
a		2a		
		•	\dashv	
b	Other leader	.	-	
С.	Other losses	· 2c	-	
d	Other (Describe in Part XIV.)	. 2d		_
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1		$\cdot \cdot \mid$	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ļ
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV.)	. 4b		
C	Add lines 4a and 4b		L	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.) 		5
Part :	XIV Supplemental Information			
amo	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III, lines 1a and 4; Part	IV, lır	nes 1b
	; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part			
	rt to provide any additional information.			·
_				
				
				Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2009
Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MEETING STREET ACADEMY

Employer identification number 20-4587841

		•	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		169	140
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	_	х	
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	^	
•	dunng the period of solicitation for students, or during the registration period if it has no solicitation program,		i	
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Schedule O (Form 990)	3	Х	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially		.,	
_	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	X	
C	with abident admissions are many and abidentification.	4c	х	
d	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, use Schedule O			
	(Form 990)			
5	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	<u>5a</u>		Х
				v
Þ	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		х
				.,
d	Scholarships or other financial assistance?	5d		<u> </u>
е	Educational policies?	5e		х
f	Use of facilities?	5f		<u> </u>
a	Athletic programs?	5g		Х
3	······································	-3-		
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
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," explain on Schedule O	-		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	Name of the organization		_			•	E	mploye	r iden	tificati	on nur	nber	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Description of transaction (b) Description of transaction (c) Corrected? Yes No Yes No Yes No Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Enter the amount of tax imposed Persons. Complete if the organization answered Yes' on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loans or fine (c) Original principal amount (d) Balance due (e) In default (f) Apoprived commented persons and purpose (e) Drain (f) Apoprived (f) Apoprived commented persons (f) Apoprived (f) Apopr	MEETING STREET ACADEMY							20	-458	7841	l		
(a) Name of disqualified person (b) Description of transaction (c) Connected Yes No No No No No No No N	Part I Excess Benefit Transacations	s(section	n 501(c)(3) and section	on 501(c)(4	4) organizatio	ns only).						
(a) Name of disquamed person (b) Description of transaction Yes No Ves No Ves No Ves No Ves No Ves No Ves No Ves No Reliable to the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered Yes' on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loss to or from the organization principal amount proposed amount proposed propose	Complete if the organization answer	red "Ye	s" on Fo	rm 990, Part	IV, line 25	a or 25b, or	Form 990-	EZ, Pa	art V, I	line 40	Ob.		
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to rime (c) Onginal principal amount (d) Balance due (e) in default" (f) Approved by board or largementation principal amount (e) Display to the organization principal amount (e) Display to the organization principal amount (e) Display to the organization principal amount (f) Establishment (f) Approved (g) Written by board or largement (f) Establishment (f) Approved (g) Written principal amount (f) Establishment (f) Approved (g) Written principal amount (f) Establishment (f) Approved (g) Written principal amount (f) Establishment (f) Approved (g) Written principal amount (f) Establishment (f) Approved (g) Written principal amount (f) Establishment (f) Approved (g) Written (g) Display (f) Approved (g) Written (g) Display (f) Approved (g) Written (g) Display (g) Establishment (g) Display (g) D	1 (a) Name of disqualified person				(h) Description (f transactio	٠		_		(c) Co	rrected?
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Section** Section** Services** **Section** Services** **Section** Services** **Section** Services** **Section** Services** **X** **Section** Services** **Section** Services** **X** **Section** Services** **X** **Section** Services** **Section** Services** **Section** Services** **X** **Section** Services** **Section** S					ι.) Description (n iiansacut	// i				Yes	No
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II									_				
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Section** Section** Services** **Section** Services** **Section** Services** **Section** Services** **Section** Services** **X** **Section** Services** **Section** Services** **X** **Section** Services** **X** **Section** Services** **Section** Services** **Section** Services** **X** **Section** Services** **Section** S													
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under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Section** Section** Services** Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization?													
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Section** Section** Services** Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization?												ļ	
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Section** Section** Services** Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization?						_							<u></u>
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From principal amount (c) Original principal amount (d) Balance due (e) in default (f) Approved (g) Written agreement? Committee? To From Yes No		_		_	•	•							
Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Parl IV, line 26, or Form 990-EZ, Parl V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) in default? (f) Approved by board or committee? (g) Written by board										· : -			
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose be organization? (b) Loan to or from be organization? (c) Original principal amount (d) Balance due principal amount (f) Approved by board or yes loo year look organization? (a) Name of interested person and purpose be organization? (b) Loan to or from be organization? (c) Original principal amount (d) Balance due (e) In default? (f) Approved by board or yes loo year look organization? (g) Written default? (f) Approved (g) Written default? (f) Approved by board or yes loo yes look organization? (g) Written default and teach default and te	3 Enter the amount of tax, if any, on line	2, abov	ve, reimb	ursed by the	organizat	ion	. .		1	▶ \$ _			
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(a) Name of interested person and purpose (b) Loan to or from the organization? To From To From To From From To From To From From					m 1\/ 1.m.a.(26 az Farm (.00 EZ D.		20	_			
the organization? To From To	Complete if the organization ansv	vered 1	res on F	orm 990, Pa	in IV, line	26, or Form S	90-EZ, Pa	art V, II	ne 38	a.			
To From Program Services X 6,699,111 6,699,111 X X X X X X X X X	(a) Name of interested person and purpose	1 ' '				(d) Balar	ice due	(e) in	default?			,,	
BENJAMIN NAVARRO - PROGRAM SERVICES X 6,699,111 6,699,111 X X X X X X X X X X X X X X X X X X		ine orga	antzation/	principal a	amount							agree	ment/
BENJAMIN NAVARRO - PROGRAM SERVICES X 6,699,111 6,699,111 X X X X X X X X X X X X X X X X X X			T ====					1	1		٠		
RELLY NAVARRO - PROGRAM SERVICES X	DENTINATION AND DESCRIPTION OF THE PROPERTY OF		From					Yes	†		No		No
SHERMAN FIN GRP, LLC - PROGRAM SERVICES X 2,500,000 2,500,000 X X X X Total			1			1		+	1		 		
Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.		 	1					+	$\overline{}$	T	 		
Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	SHERMAN FIN GRP, LLC - PROGRAM SERVICES	 		2,3	00,000	2,3	00,000	+	-X-	· × -	 	X	
Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.		 						╁─┈	 	-	 		
Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.			1					+-	 		1		
Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	Total		11		▶ \$	10.1	00 111	+	٠				
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.				ed Persons		10,1	33,111			<u> </u>		l	
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						27.							
Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	(a) Name of interested person	(b) Re	elationship	between inte	rested pers	on and the	(c)	Amoun	and to	vpe of	assista	ance	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	•	` ′	•				` '		•	,,			
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.		1											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.		1											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	1.07-1	1											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.													
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.													
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.													
						200 206 2-1	000		-				
	(a) Name of interested person	1			1				of tee			(2) 2:	

interested person and the

organization

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

transaction

organization's

revenues?

No

Yes

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MEETING STREET ACADEMY

Employer identification number

20-4587841

ATTACHMENT 1

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN

 ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH

CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD

JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED. THE

PERIODIC REVIEWS AT A MINIMUM INCLUDE THE FOLLOWING SUBJECTS:

- A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B. WHETHER PARNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

Schedule O (Form 990) 2009 Page 2

Name of the organization
MEETING STREET ACADEMY

Employer Identification number
20-4587841
ATTACHMENT 1 (CONT'D)

PART VI, QUESTION 2

BENJAMIN W. NAVARRO HAS A DIRECT BUSINESS RELATIONSHIP WITH SUSAN SHULER
AND GABRIELA DALNEKOFF VIA. SHERMAN CAPITAL MARKETS, LLC. BENJAMIN W.
NAVARRO & EDMUND NAVARRO HAVE A FAMILY RELATIONSHIP.

PART VI, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND OTHER FINANCIAL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

PART VI, QUESTION 11A

SUSAN CLARK SHULER, THE MEETING STREET ACADEMY'S TREASURER, REVIEWS THE FORM 990 BEFORE IT IS FILED.

PART VI, QUESTION 9A

ALL DIRECTORS AND OFFICERS CAN BE REACHED THROUGH THE ORGANIZATIONAL MAILING ADDRESS.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSES FOR WHICH MEETING STREET ACADEMY IS ORGANIZED ARE EXCLUSIVELY CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), OR THE CORRESPONDING PROVISION OF ANY FUTURE FEDERAL TAX LAW (SECTION 501(C)(3)). NO PART OF THE PROPERTY OR NET EARNINGS OF THE MEETING STREET ACADEMY SHALL INURE TO THE BENEFIT OF OR BE DISTRIBUTABLE TO ITS DIRECTORS, OFFICERS, OR OTHER

Schedule O (Form 990) 2009 Page 2

Name of the organization
MEETING STREET ACADEMY

Employer identification number 20-4587841

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PRIVATE PERSONS, EXCEPT THAT THE CORPORATION MAY PAY REASONABLE
COMPENSATION FOR SERVICES RENDERED. MEETING STREET ACADEMY SHALL NOT
PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR
DISTRIBUTION OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR
IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE. THE CORPORATION
SHALL NOT CARRY ON ANY ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A)
BY A CORPORATAION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
501(C)(3) OF THE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL
TAX CODE, OR (B) BY A CORPORATION, CONTRIBUTIONS TO WHICH ARE
DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE CODE, OR CORRESPONDING
SECTION OF ANY FUTURE FEDERAL TAX CODE.

FORM GOO DADE WILL TAWE	COMENS INCOME		ATTACHMENT 3	
FORM 990, PART VIII - INVES	STMENT INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST	8,281	8,281.		
DIVIDENDS	39,728	39,728.		
TOTALS	48,009.	48,009		

ATTACHMENT 4

SCHEDULE E - EXPLANATION FOR LINE 3

AS PUBLISHED IN THE CHARLESTON NEWSPAPER "POST & COURIER" NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS MEETING STREET ACADEMY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AN ETHNIC ORIGIN TO ALL THE RIGHTS,

Schedule O (Form 990) 2009

· Page 2

Name of the organization

MEETING STREET ACADEMY

Employer identification number 20-4587841

ATTACHMENT 4 (CONT'D)

SCHEDULE E - EXPLANATION FOR LINE 3

PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS.

20-4587841

2009

MEETING STREET ACADEMY

7,560 1,285 63 29,776 1,976 2,061 66,285 22,804 66,285 Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class class 39 39 Lfe Ę Σ НУ ΗX ¥ Σ Η ΗĂ НΥ 200DB 150DB 200DB 200DB 200DB Code 200DB Ending Accumulated depreciation Ending Accumulated amortization 3,211 12,285 1,285 1,160 47,151 63 2,061 31,369 98,585 98,585 Beginning Accumulated / Accumulated ATTACHMENT 5 8,565 17,375 400 1,235 4,725 32,300 32,300 8,000 6,175 6,424 121,586 2,578 889,383 1,072,193 1,072,193 depreciation 23,626 14,421 Basis for Basis Reduction 179 exp reduction in basis 100 000 100 000 6,424. 100 000 100 000 100 000 100 000 100.000 100 000 Unadjusted Cost or basis 8,000 2,578. 14,421. 6,175 121,586. 889,383 23,626 . 1,072,193 . 1,072,193 Cost or basis Date placed in service 15/26/2009 18/19/2008 08/19/2008 08/19/2008 08/19/2008 38/19/2008 01/06/2009 02/04/2009 Date placed in service Subtotals Asset description Less Retired Assets . . **Description of Property** GENERAL DEPRECIATION Asset description DEPRECIATION AMORTIZATION Less Retired Assets BUILDING & IMPROV COMPUTER EQUIPMT Subtotals . . . COMPUTER EQUIPME Listed Property BUILDING IMPROV FURN & FIXTURES FURN & FIXTURES Assets Retired TOTALS. LANDSCAPE TOTALS. BOOKS

PAGE 31 ATTACHMENT 5

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11/11/2010

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

➤ See separate instructions.

Identifying number

_MEET	ING STREET ACADE	MY								20-4587841
Business or	activity to which this form relates			_			•			
GENE	RAL DEPRECIATION	T								
Part I	\ <u>-</u>					mala	sto Dort I			
1 May	Note: If you have any liste				•				1	
	mum amount. See the instructions	ŭ					• • • • • • •		2	-
	l cost of section 179 property place shold cost of section 179 property	•					• • • • • •		3	
	uction in limitation. Subtract line 3 f		•	nstructions	• •	• • •	• • • • • •	• • •	4	<u> </u>
	limitation for tax year Subtract line 4 from line ately, see instructions					· · ·		 	5	
_6	(a) Description of	f property		(b) Cost (bu	usiness us	se only) (c) Electe	d cost		
			 				<u> </u>			
				l		·				
	d property Enter the amount from									
	l elected cost of section 179 prope								8	
9 Tent	ative deduction Enter the smaller	of line 5 or line 8							9	
	yover of disallowed deduction from	•							10	
	ness income limitation. Enter the					r line	5 (see instruct	ons)	11	
	ion 179 expense deduction Add lii	•			-		<u> </u>	<u></u>	12	
_	yover of disallowed deduction to 20				<u>. ►</u>	13				
	not use Part II or Part III below for							_		·
Part II	Special Depreciation Al	lowance and Ot	her Depre	ciation (D	o not i	nclud	e listed proper	ty.)(See ir	nstructions.)
-	cial depreciation allowance for		•							٠ ,
dunn	ig the tax year (see instructions)								14	
	erty subject to section 168(f)(1) ele	ection							15	
							<u> </u>		16	
Part III	MACRS Depreciation (D	o not include listed	d property.)	(See instr	uctions.	.)	_		_	
			Sec	tion A						<u></u>
17 MAC	RS deductions for assets placed in	n service in tax years	beginning bef	ore 2009					17	62,876
-	ou are electing to group any a	•	-	•			· ·	31		
asse	t accounts, check here		<u></u>	<u></u>		<u></u>	<u></u> ▶		<u> </u>	
	Section B - Assets F				T	T	eneral Deprec	iatior	Syst	em I
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for only - see in	estment use	(d) Reco		(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a 3-y	ear property	SEE								
b 5-y	ear property	DETAIL		6,424.	5.0	000	ΗY	20	0DB	1,285.
с 7-у	ear property		1	4,421.	7.0	00	HY	20	0DB	2,061.
di 10-ye	ear property									
e 15-ye	ear property									
f 20-ye	ear property								-	
g 25-ye	ear property				25 yr	s		s	/L	
h Resi	dential rental				27 5 y	rs	MM	S	/L	
prop	erty				27 5 y	rs	ММ	S	/L	
i Nonr	esidential real	01/06/2009		2,578.	39 yr	s	MM	s	/L	63.
prop	erty				ľ		ММ	s	/L	
	Section C - Assets Pla	aced in Service Du	ring 2009 T	ax Year U	sing the	Alte	rnative Depre	ciatio	n Sys	item
20a Clas	s life							s	/L	
b 12-ye	ear				12 yr	s		S	ΛL	
c 40-ye	ear				40 yr	s	ММ	s	/L	
Part IV	Summary (See instruction	ons.)			_					
	d property Enter amount from line								21	
	I. Add amounts from line 12, lines		s 19 and 20 i	n column (c	g), and li	ne 21	Enter here	•		
	on the appropriate lines of your re	•						<u></u> .	22	66,285
	issets shown above and placed in									
portio	on of the basis attributable to section	on 263A costs				23				

	• • •													20	-4587	841	- 2
_	m 4562 (2009)	lana a anta di la ali sala				-41				11	.1	4-11			<u>. </u>		Page 2
Pě		roperty (Include used for entertain							ies,	cell	Jiar	telepr	nones,	сепа	ın con	nputers	, and
		any vehicle for w						•		to or	dod	uction	looso d	vaaaaa	compl	oto on l	w 24a
		nns (a) through (c)											iease e	xpense	, compi	ele Om	y 24a,
		Depreciation and							_				r passe	nger ai	ıtomobii	es)	
24a	Do you have evidence						Yes	$\overline{}$	No			es," is th				Yes	No
_	(a)	(b)	(c)			Т		(e)		(1						<u> </u>	
	Type of property (list	Date placed in	Business/	l	(d)	ĺ	Basis f	or depre	ciation		very	Meti	g) vod/	1	h) ciation	Elected	section
	vehicles first)	Service	investment use percentage	Cost	or other ba	SIS		ss/invesuse only)		pen		Convi			iction	179	
_		<u> </u>	<u> </u>	<u> </u>		!		•		1		l					
25		allowance for qual												l			
		than 50% in a qualifie		e (see ir	nstruction	ıs) .	• •		<u></u>	• • •	<u>··</u>		. 25	l		<u> </u>	
26	Property used more to	han 50% in a qualified		-										γ		,	
			%			_								<u> </u>			
			%									ļ		ļ			
			%	<u> </u>												l	
27	Property used 50% of	r less in a qualified bu	siness use														
			%	}		П						S/L -					
			%									S/L -				}	
			%									S/L -		<u> </u>		1	
28	Add amounts in colum	nn (h) lines 25 throug	h 27 Enter hei	re and o	on line 21	l pa	ge 1						28	İ		[
29	Add amounts in colum												. —	1	. 29	· · · · · · ·	
_		(7)									<u> </u>	<u></u>	<u></u>		. 20	·	
C01	mplete this section for	valuates used by a			Informa							rolated	nomon	If you	orovedod	vobiolos	to vou
	ployees, first answer th												-		Jiovided	VEITICIES	to you
						Paloi			ug .			T		1			
30	Total business/inve	estment miles o	driven	(a			(b)	•	Ι,	(c)	•		d)		e)		f) ala C
	during the year (do	not include comm	iuting -	Vehi	Cle 1		/ehicle	2	<u>'</u>	ehicle :	3	Ven	cle 4	Ven	ide 5	Vehi	Ge 6
														1			
31	Total commuting mi	les driven during the	year									ļ		ļ		ļ	
32	Total other pe	rsonal (noncommu	uting)													ļ	
	miles driven		<u>L</u>									<u> </u>		<u> </u>			
33	Total miles driven	during the year	Add											ŀ			
	lines 30 through 32													İ			
34		available for per	t t	Yes	No	Ye	s	No	Ye	s I	No	Yes	No	Yes	No	Yes	No
	use during off-duty he	•					\top							<u> </u>			
35		used primarily t					+										
55	more than 5% ov		i i											1			
36		•					+								1		
30	Is another vehicle											[ļ	1			
	use?					_			<u> </u>			<u> </u>		<u> </u>	L	<u> </u>	
_		Section C - Ques															
	swer these question				eption t	0 00	omple	eting	Sect	ion B	for	vehicle	s used	by em	ployees	who a	are not
	re than 5% owners	• • •	·														
37	Do you maintain		tatement tha	t proh	nibits al	І ре	ersona	ıl use	e of	vehic	les,	ıncludın	g com	muting,	by	Yes	No
	your employees?																<u> </u>
38	Do you maintain a		•		•							-		employe	es?		
	See the instructions f					1%	or mo	re owr	ners .								
39	Do you treat all use of	f vehicles by employe	es as personal	use?													
40	Do you provide n	nore than five vel	hicles to you	ur em	ployees,	obi	taın	ınform	ation	from	ı yo	ur emp	loyees	about	the		
	use of the vehicles, a	nd retain the informat	tion received?														<u> </u>
41	Do you meet the re	equirements concern	ing qualified	automo	obile der	mons	stratio	n use	? (Se	e inst	ructio	ns)					
	Note: If your answer												- · · ·				
Pa	art VI Amortizat	ion					•										
		<u></u> - • •	<u> </u>										(e	, [
	(a)		(b) Date amortiza	ation			(c)				(d)		Amorta	zation		(f)	
	Description of	of costs	begins		Am	ortiza	ble an	ount		Co	de se	ction	percei		Amortiza	tion for thi	s year
42	Amortization of cost	ts that begins dues:		tav vo	ar lead	ınetr	uction	e)	L) percer	maye			
	Fariorazation of COSI	is that begins duffing	y your 2009	iax ye	ai (see	1112[[٠,	Т					1			
			 		<u> </u>				\dashv				 				
42	Amadication	that have before	L 2000 1-		L								<u> </u>	 			
43	Amortization of costs	mai began before you	и иоон тах уеа	ır										43			

44 Total Add amounts in column (f) See the instructions for where to report

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9X2310 1 000

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MEETING STREET ACADEMY						2009								20-4587841
Description of Property														
GENERAL DEPRECIATION								:						
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod Conv	ıv Lıfe	ACR9 class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING & IMPROV	08/19/2008	889,383	000 001			889,383	8, 565	31,369	SL	ММ		39		22,804
LANDSCAPE	08/19/2008	8,000	100 000			8,000	400	1,160	150DB H	НУ	_	15		760
FURN & FIXTURES	08/19/2008	121,586	100 000			121,586	17,375	47,151.	200DB	HY		7		29,776
BOOKS	08/19/2008	6, 175	100 000			6,175	1,235	3,211	200DB H	НУ	_	2		1,976
COMPUTER EQUIPMT	08/19/2008	23,626	100 000			23,626	4,725	12,285	200DB H	НУ	_	2		7,560
BUILDING IMPROV	01/06/2009	2,578	100 000			2,578		63	SL	ΜM	_	39		63
FURN & FIXTURES	02/04/2009	14,421	100 000			14,421.		2,061	200DB H	НУ	-	7		2,061.
COMPUTER EQUIPMT	05/26/2009		100 000			6,424		1,285		НУ	\Box	5		1,285
										_	_			
										_				
					:									
										4	_			
Less Retired Assets			L						_					
Subtotals		1,072,193				1,072,193	32,300.	98,585.						66, 285
Cipida I objeta										F	L			
										-	_			
										-	-			
										-	-			
Less Retired Assets														
Subtotals			•											
TOTALS		1,072,193				1,072,193	32,300	98,585						66,285
AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Code	Lıfe				Current-year amortization
										<u> </u>				
													1_	
										7			- 	
TOTALS	1													
*Assets Retired														

*Assets Retired JSA 9X9024 1 000

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PAGE 34

FORM 990, PART IX, LINE 24F ATTACHMENT

EVENTS	7,774
GIFTS	441
MAINTENANCE	8,120
UNIFORMS	15,554
CLEANING	23,318
TELEPHONE	8,031
POSTAGE/DELIVERY	1,699
SECURITY EXPENSE	6,333
REPAIRS	44,035
DUES/SUBSCRIPTIONS	287
PAYROLL FEES	2,354
TRAINING	1,977
UTILITIES	16,687
PROFESSIONAL FEES	5,011
EXTRACURRICULAR	56,761
SUBSTITUTE/TESTING	2,796
RENT	<u>99,773</u>
TOTAL OTHER EXPENSES	300,951