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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

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

Open to Public

A F	or the	2009 calendar year, or tax year beginning and endin	9
B c	heck if	Please use IRS	D Employer identification number
	Addres change		
	Name change	type	61-1388928
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room	
	Termin ated	Specific Instruct 107 FOOTHILLS ACADEMY	606-387-4673
	Amend return	City or town, state or country, and ZiP + 4	G Gross receipts \$ 4,497,336.
	Application	ALBANY, KY 42602-0299	H(a) Is this a group return
	pendin	F Name and address of principal officer: JEFF CHOATE	for affiliates?
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
		empt status 🗓 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	If "No," attach a list (see instructions)
		e: ► WWW.FOOTHILLSACADEMYINC.ORG	H(c) Group exemption number ▶
			Year of formation: 2002 M State of legal domicile: KY
Pa		Summary	
)Ce	1 (Briefly describe the organization's mission or most significant activities $\frac{TREATME}{T}$	NT OF TROUBLED CHILDREN
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net assets.
Š	_	Number of voting members of the governing body (Part VI, line 1a)	3 8
ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4 0
စ္	i .	Total number of employees (Part V, line 2a)	5 101
Ϊį	l	Total number of volunteers (estimate if necessary)	6 0
Ę		Total gross unrelated business revenue from Part VIII, Column CV III 2	7a 0.
•		Net unrelated business taxable income from Form 899 F, fine 34	7b 0.
		Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
	8 (Contributions and grants (Part VIII, line 1h)	35,682. 1,426,831.
ğ		Program service revenue (Part VIII, line 2g)	3,792,608. 3,025,605.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and the A	57,448. 33,282.
~	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,492. 11,618.
	12	Total revenue · add lines 8 through 11 (must equal Fair VIII, certain (A), line 12)	3,888,230. 4,497,336.
	13 (Grants and similar amounts paid Part 15 (2010) 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		Benefits paid to or for members Part (A), line 4)	
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (M), lines 5-10)	2,718,311. 2,186,580.
Suc	16a F	Professional fundraising fees (Partist collemn Appline 149)	
Expenses	b 7	Total fundraising expenses (Paff IX, column (D), line 25)	
ш		Other expenses (Part IX, column (A), lines 11a 11 (14)	980,852. 767,366.
		Total expenses Add lines 13-17 (quist edual Part Useolumn (A), line 25)	3,699,163. 2,953,946.
. o	19	Revenue less expenses. Subtract line 18 from line 12	189,067. 1,543,390.
200	i		Beginning of Current Year End of Year
Assets or d Balances		Total assets (Part X, line 16)	4,648,788. 8,032,238.
Fund		Total liabilities (Part X, line 26)	1,626,371. 3,266,500.
	22 N	Net assets or fund balances Subtract line 21 from line 20 Signature Block	3,022,417. 4,765,738.
га		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten	nents and to the best of my knowledge and belief it is true correct
		and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any know	viedge
o:	_		15-6-200
Sign	- 1	Signature on officer	Date
Here	,	SEFF CHOATE, PRESIDENT	
		Type or print name and title	
		Preparer's Date	Check If Preparer's identifying number
Paid	1	cignature 04/20/11	Self- (see instructions)
	arer's	Firm's name (or CAMPRELL MYERS & RUTLEDGE CPAS	EIN ►
Use (Only	yours if CANT BEBB, MIERS & ROTHEDGE CFAS self-employed), \$\alpha 410 SOUTH BROADWAY	LIN P
		address, and CIP+4 GLASGOW, KENTUCKY 42141	Phone no. ► (270)651-2163
Mav		S discuss this return with the preparer shown above? (see instructions)	X Yes No
	1 02-04		
	. 52-54		(4,000)

	1 990 (2009) FOOTHILLS ACADEMY, INC.	61-1388928	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION		
•	FOOTHILLS ACADEMY IS LOCATED ON OVER 50 ACRES IN ALBANY	Z KENMIICKA	
	FOOTHILLS ACADEMY IS A PICTURESQUE SETTING OF ROLLING H		
	BEAUTIFUL TREE LINE LANDSCAPE. THE ACADEMY IS LICENSED		
	RESIDENTS. AT THE FACILITY, 13-18 YEAR OLD CHILDREN RE	ECEIVE MANY	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		X No
		L tes	V NO
	If "Yes," describe these new services on Schedule O.		١
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	expenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o		
		r grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,373,210. including grants of \$ 1,425,331.) (F	Revenue \$ 3,072,	004.)
	ALL PROGRAMS ARE FOR THE TREATMENT AND MANAGEMENT OF TR	ROUBLED CHILD	REN
	TO BETTER PREPARE THEM FOR SOCIETY REFERRED FROM THE KE		
	FOR FAMILIES AND CHILDREN ADN THE KENTUCKY JUVENILE JUS		
	FOR FAMILIES AND CHILDREN ADN THE RENTOCKT DOVENILE DOS	SITCE SISTEM	
			
			
			
4b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
	Constitution of the Consti		
	1.00		
4c	(Code.) (Expenses \$ including grants of \$) (F	Revenue \$)
		·	
		 	
		 	
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
10	0.000.040		
<u>4e</u>	Total program service expenses ▶\$ 2,373,210.		20 (0000)
		Form 9 9	90 (2009)

932002 02-04-10

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

X 18 19 X 20

14a

14b

15

16

17

X

X

Х

X

Form **990** 2009)

Form 990 (2009) FOOTHILLS ACADEMY, INC.
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		X
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		X
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		X
24a	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 line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		х
ae	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	-	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		-41
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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 Schedule L, Part IV	28b	Х	
	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, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	I	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	l	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		- 1	
	If "Yes," complete Schedule R, Part V, line 2	35]	<u>X</u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	<u>X</u>	
		Form	9 90 2	2009)

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					1 7	г —			
	5	ı	I		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of		,						
L	U.S. Information Returns Enter -0- if not applicable	1a	3						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		}					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eporta	ible gaming						
0-		1	I	1c_					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	101						
	filed for the calendar year ending with or within the year covered by this return	_2a	101	0.		v			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined.		ations)	2b		X			
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			2-		х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to \$1,000 or m	o by i	ins return?	3a					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	author	aty over a	_3b	i				
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 if "Yes," enter the name of the foreign country:	accou	111,7	4a		X			
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank :	and						
	Financial Accounts	Dank	and						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?	•	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			- 00					
·	Tax Shelter Transaction?		· · · · · · · · · · · · · · · · · · ·	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne ora:	anization solicit						
	any contributions that were not tax deductible?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r afts						
_	were not tax deductible?		3	6b					
7	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	İ	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			·			
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al						
	benefit contract?			7e_		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	,		7g		<u> </u>			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		•	7h_		X			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganiza	ations. Did the						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess bu	isiness holdings						
	at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter	1 1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا			1				
10-	amounts due or received from them.)	11b		40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		{	12a					
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		En	990 (2	2000			
				COLLI	J J J (/	_UUU)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	tion A. Governing Body and Management				
4.	Enter the number of vature members of the governing body	o		Yes	No
1a	• • • •	<u>8</u> 0	7		
b			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	eı	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct super	vision			
3	of officers, directors or trustees, or key employees to a management company or other person?	AISIOLI	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	od?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	cu:	5		X
6	Does the organization have members or stockholders?		6		X
7a					
	governing body?		7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır			
	by the following				
а	The governing body?		8a	x	
b	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		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.,)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affili	ates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 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	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	•			
	in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independ	ent	1	Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	_X	
	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 with a				
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its partic	pation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
<u> </u>	exempt status with respect to such arrangements?	···	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE	 			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ily) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestate and label to the goal label.	est policy, ar	nd fina	ncıal	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	ne organiza	tion 🕨		
	MARY TAYLOR - 606-387-4673	· · · · · ·			
	PO BOX 299, ALBANY, KY 42602			990 (

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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.

Check this box if the organization did not (A)	(B)	ly Ct	mer		Cer C)	, air	3010	(D)	(E)	(F)		
Name and Title	Average			Pos		า		Reportable	Reportable	Estimated		
Name and The	hours	(check all that apply)					ly)	compensation	compensation	amount of		
	per	<u>ē</u>	ā					from	from related	other		
	week	griec				8		the	organizations	compensation		
	ľ	tee	ustee		İ	ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
		a tru	la t		loye	le c		(** 25 1033 141100)		and related		
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Готте			organizations		
D. JEFF CHOATE												
CHAIRMAN/CEO	40.00	X	<u> </u>	X			<u> </u>	110,657.	0.	0.		
ROBIN M. CHOATE		ŀ		l					_	_		
DIRECTOR/SECRETARY	40.00	X		X		<u> </u>		30,104.	0.	0.		
DAVID F. SMITH												
DIRECTOR	5.00	X			_	-		0.	0.	0.		
STEVE TALLENT		3,5						0	0	_		
DIRECTOR STEVE PEDDICORD	5.00	X		_				0.	0.	0.		
DIRECTOR	5.00	Х						0.	0.	0.		
CINDY DYER	3.00	Λ				-		<u></u>		0.		
DIRECTOR	5.00	х						0.	0.	0.		
JIM ELMORE	3.00							0.	0.	<u></u>		
DIRECTOR	5.00	x						0.	0.	0.		
PAM FARLEY						<u> </u>						
DIRECTOR	5.00	Х						0.	0.	0.		
										-		
						<u> </u>						
						1			1			
	_	_				<u> </u>						
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Form **990** (2009)

	(A) Name and title	(B) Average hours	(cl		Pos all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	n	(F) Estima amoun	t of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s co	othe ompens from the organization and relation	ation he ition ited
				-									
					· 	-							
1b 2	Total Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed at	oove	► e) wh	10 re	140,761. eceived more than \$100	,000 in reportable	0.		0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	/ em	ploy	/ee,	or h	nghest compensated er	nployee on	3	Yes	_
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	um of reportable 0,000? If "Yes,	° coi	mple	ete S	Sche	edule	J f	or such individual	-	4		x
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors Complete this table for your five highest co	ule J for such _i	oers	on							5		X
1	the organization. NONE (A)	mpensated in						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B)	\$100,000 or com		(C)	
	Name and business	address				-			Description of s	ervices	Comp	ensatio	on
			_								·		
2	Total number of independent contractors (i \$100,000 in compensation from the organization)	_	ot lin	nited	d to	thos		ted	above) who received m	nore than	Forr	n 990	2009)

932008 02-04-10

		(2009) FOOTI	HILLS AC	ADEMY, IN	ic.	,	<u>61-1388</u>	928 Page 9
Pa	rt VI	III Statement of Reve	nue		 			
	_				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
ga	t	Membership dues	. 1b		_	l		
ts,	C	Fundraising events	1c					
ig a	C	d Related organizations	1d					
simis	e	Government grants (contribu		L425331.	4			
iğ jə	1	All other contributions, gifts, gran		1,500.				
草目	_	similar amounts not included abo		1,500.	=			
Contributions, gifts, grants and other similar amounts	<u>د</u> ۲	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a- 11" \$		1,426,831.			
\exists		T Total Total Total		Business Code				
ا بو	2 a	KY CABINET FOR	FAMILIE		2,124,581.	2,124,581.		
Program Service Revenue		KY DEPT OF JUVE		900099	901,024.	901,024.		
enu Se	c	> <u></u>						
Jev Jev	c	i						
Š.	е							<u></u>
-	f	All other program service reve	enue	<u> </u>	2 025 605			
		Total. Add lines 2a-2f	. duudondo untor		3,025,605.			
	3	Investment income (including other similar amounts)	j dividerias, iriter	est, and	33,282.			33,282.
	4	Income from investment of ta	x-exempt bond	oroceeds	33/232		· · · · · · · · · · · · · · · · · · ·	
	5	Royalties	· · , - · · · · ·	>				
		•	(ı) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	c	: Rental income or (loss)	L	<u> </u>	_			
		Net rental income or (loss)		_				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
1	h	assets other than inventory Less: cost or other basis		 	-			
	U	and sales expenses						
	c	Gain or (loss)			1			
		Net gain or (loss)		>	1		į	
اه	8 a	Gross income from fundraisin	ng events (not					
Other Revenue		including \$	of					
٩		contributions reported on line	e 1c) See					
ē		Part IV, line 18	. а		}			
₹		Less direct expenses	b					
		: Net income or (loss) from fund						
l	9 a	Gross income from gaming as Part IV, line 19	a a					
l	ь		b					
ŀ	-	: Net income or (loss) from gam		•	1			
		Gross sales of inventory, less	=					
		and allowances	а					
	b	Less cost of goods sold	b		_			
-	<u>c</u>	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu		Business Code	1			
		SALE OF CORE UN	NITS	900099	8,585.	8,585.		
	b			900099	3,033.	3,033.		
	q	All other revenue						
	a a	Total. Add lines 11a-11d			11,618.			
	12	Total revenue. See instructions.	•		4,497,336.	3,037,223	0.	33,282.
932009	j							Form 990 (2009)

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

Do	not include amounts reported on lines 6b,	(A)	(B)	te columns (B), (C), and (C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			-	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	440 -64			
	trustees, and key employees	140,761.	91,495.	49,266.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 600 055	1 226 225		
7	Other salaries and wages	1,690,277.	1,386,027.	304,250.	
8	Pension plan contributions (include section 401(k)	43 634	40 405	2 625	
	and section 403(b) employer contributions)	13,034.	10,427.	2,607.	
9	Other employee benefits	178,242.	142,594.	35,648.	
10	Payroll taxes	164,266.	131,413.	32,853.	
11	Fees for services (non-employees)				
а					
b	Legal				
С	· -				
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1 456	07.656	
g		29,112.	1,456.	27,656.	
12	Advertising and promotion	12 022		12 022	
13	Office expenses	12,022.		12,022.	
14	Information technology				
15	Royalties	257 720	189,393.	60 226	
16	Occupancy	257,729.		68,336.	
17	Travel	36,464.	34,873.	1,591.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2 661	2 661		
19	Conferences, conventions, and meetings	2,661. 26,464.	2,661.	26,464.	
20	Interest Payments to affiliates	20,404.		20,404.	 _
21	Depreciation, depletion, and amortization	135,000.	115,163.	19,837.	. <u></u>
22	Insurance	133,000.	113,103.	19,03/•	
23	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	FOOD & BEVERAGE	186,140.	186,140.		· - · · · · · · · · · · · · · · · · · ·
b	RESIDENT COSTS	66,886.	66,886.		
c	HEALTH SUPPLIES	6,786.	6,786.		
d	CONSULTANTS/THERAPISTS	3,990.	3,990.		
e		3,333.	3,333.		
f	All other expenses	4,112.	3,906.	206.	
25 25	Total functional expenses Add lines 1 through 24f	2,953,946.	2,373,210.	580,736.	0 .
<u>26</u> 26	Joint costs Check here Infollowing				
	SOP 98-2. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		90,726.	1	40,352.
	2	Savings and temporary cash investments	_	1,545,352.	2	1,539,516.
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net		318,912.	4	456,858.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
	1	4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
υ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges	· .	6,357.	9	6,357.
	10a	Land, buildings, and equipment cost or other		· · · · · · · · · · · · · · · · · · ·		, . <u></u>
	•	basis Complete Part VI of Schedule D	10a 3,099,341.			
	Ь	Less: accumulated depreciation	10b 693,273.	2,676,473.	10c	2,406,068.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	168,936.
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	10,968.	15	3,414,151.	
	16	Total assets. Add lines 1 through 15 (must equ	4,648,788.	16	8,032,238.	
	17	Accounts payable and accrued expenses	204,689.	17	562,980.	
	18	Grants payable	·		18	
	19	Deferred revenue	Ī		19	-
	20	Tax-exempt bond liabilities	ĺ		20	
ဟ	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	i i	<u> </u>		 · · · · · · · · · · · · · · · · · ·
ig		highest compensated employees, and disqualifi				
Ë		of Schedule L	,		22	
	23	Secured mortgages and notes payable to unrela	ited third parties	1,421,682.	23	2,703,520.
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities Complete Part X of Schedule D		·-	25	
	26	Total liabilities. Add lines 17 through 25		1,626,371.	26	3,266,500.
		Organizations that follow SFAS 117, check he	ere X and complete			
ø,		lines 27 through 29, and lines 33 and 34.				
ည	27	Unrestricted net assets		3,022,417.	27	4,065,738.
alaı	28	Temporarily restricted net assets			28	700,000.
E B	29	Permanently restricted net assets			29	7.557555
Š		Organizations that do not follow SFAS 117, c	neck here 🕨 🔲 and			
Ÿ		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	'		32	
Š	33	Total net assets or fund balances	1	3,022,417.	33	4,765,738.
	34	Total liabilities and net assets/fund balances	ŀ	4,648,788.	34	8,032,238.
		Total nabilities and het assets/fullu baiafices	 	#/U#U//UU.		0,032,230.

Form **990** (2009)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

consolidated basis, separate basis, or both.

Act and OMB Circular A-133?

_3b	Х	
Eorm	aan	(2000)

X За

Х 2c

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

			LS ACADEMY,						6	<u>1-1388</u>	928	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ıst comple	te this par	t) See ins	tructions				
The organ	ization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one t	oox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2 🖳	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.))							
3 🖳	A hospital or	a cooperative hosp	tal service organization	described	m ection	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital	's name	э,
	city, and stat											
5 📖	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	t describ	ed in		
)(b)(1)(A)(iv). (Compl	<u>-</u>									
6			ent or governmental uni									
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		(b)(1)(A)(vi). (Comple										
8 💾			section 170(b)(1)(A)(vi).									
9 [X]	•	•	eives: (1) more than 33						•	-	•	
		•	nctions - subject to certa			•				-		
			axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquired b	y the orga	ınızatıon a	atter June 3	0, 1975	٥.
40		509(a)(2). (Complete	•	-4 6b.l		> 	500/-W	41				
10	-	•	perated exclusively to te	•	•			•				_
11	-	•	perated exclusively for the		-				•			Г
	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											
	a Type		_	Typ			tegrated		4	Type III - C)ther	
e 🗀			it the organization is not	• • •		•	_	r more disc	oualified i			,
-			han one or more publicly									
f		•	ten determination from		•				- (-)(-)		(-/(-/	
		rganization, check th			•							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (ıi) and (iıı) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
			· · · · · · · · · · · · · · · · · · ·					T	· · ·			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Am	ount of	
orga	ınızatıon		(described on lines 1-9		sted in your document?	organizat	r support?	(i) organız U.S	ea in the i	supp	ort	
			above or IRC section	• •								
			(see instructions))	Yes	No	Yes	No	Yes	No			
			<u> </u>			•						
			:									
				-								
Γotal												

LHA 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

	edule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	Organizations	s Described in	Sections 17	0(b)(1)(A)(iv) an	id 170(b)(1)(A)(Page 2
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)			
Se	ction A. Public Support						
Cal	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 organ-					:	
	ization'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						
5	The portion of total contributions	1					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
_	column (f)						·
	Public support. Subtract line 5 from line 4	<u> </u>	<u></u>		1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(P) 2006	(a) 2007	(4) 2008	(a) 2000	(6 Total
	Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	·····			<u> </u>	<u> </u>	
_	activities, whether or not the						•
	business is regularly carried on				ľ		
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				l		
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ			<u> </u>			<u> </u>
	Public support percentage for 2009 (• •	-	column (f))		14	%
	Public support percentage from 2008				44: 00 4/00/	15	<u>'%</u>
16a	33 1/3% support test - 2009.If the o	_			14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies					' au mana abaak th	
D	33 1/3% support test - 2008. If the o				1 lifte 15 is 33 1/370	or more, check ii	iis box
17~	and stop here. The organization qual 10% -facts-and-circumstances tes				a 13 16a ar 16h :	and line 14 is 1004	or more
17 a	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					at iv now the organ	
Ь	10% -facts-and-circumstances tes	_	•		-	17a and line 15 is	₽ 10% or
U	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-	•	• • • •		ıs 🔰
- 				<u> </u>		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal 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.") 432,001 68,575 34,477 35,682 1426831 1997566. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 3710151. 3792608. 3025604.17303845. 3550996. 3224486. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 3656487. 3619571. 3744628. 3828290. 4452435.19301411. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 19301411 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 3656487. 3619571 3744628 3828290 4452435.19301411. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,688 17,128 28,204 57,448 33,282. 137,750. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 17,128. 28,204 c Add lines 10a and 10b 1,688. 57,448 33,282. 137,750. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 2,492 11,618 14.110. assets (Explain in Part IV.) 3658175. 3636699. 3772832. 3888230. 4497335.19453271. 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.22 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 99.36 16 % Section D. Computation of Investment Income Percentage .71 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) Investment income percentage from 2008 Schedule A, Part III, line 17 18 .62 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Schedule DS

(Form 990)

Department of the Treasury Internal Revenue Service

upplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer identification number** FOOTHILLS ACADEMY, INC. 61-1388928 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of 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 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes and section 170(h)(4)(B)(ii)? 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. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a 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 b 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2009

932051 02-01-10

		LS ACADEMY				041			88928		
	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, ched	ck any of the	following that	t are a sig	nificant i	use of its	collection	ı ıtem	IS
	(check all that apply):		. —	١.	_						
а	Public exhibition	C	╸		change progra	ms					
b	Scholarly research	•	ل_ا ﴿	Other							
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how t	they further t	the organization	on's exem	pt purpo	se in Par	t XIV		
5	During the year, did the organization solicit of	or receive donations	of art, h	nstorical trea	isures, or othe	er sımılar a	ssets		-	_	_
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if or	ganization a	nswered "Yes	to Form	990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other interme	diary foi	r contribution	ns or other ass	sets not in	cluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table ⁻							
									Amount		
С	Beginning balance						1c				
d	Additions during the year	_		_			1d		-		
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990. Part X. line	217						Yes		No
	If "Yes," explain the arrangement in Part XIV										
Pai			swered	"Yes" to Fo	orm 990. Part I	V. line 10.					
		(a) Current year		Pnor year	(c) Two years			ears hack	(e) Four	vears	hack
1a	Beginning of year balance	(a) Carrone your	12/.	1101 1001	(c) me your	o buok (c	, moo y	saro baon	107.00.	y car s	Duon
	Contributions										
b		· 						_	-		
	Net investment earnings, gains, and losses										
	Grants or scholarships								l <u>-</u> .		
е	Other expenditures for facilities										
_	and programs				<u> </u>				 -		
	Administrative expenses										
g	End of year balance				<u> </u>				L		
2	Provide the estimated percentage of the year	ir end balance held a	as								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ınd admınıster	ed for the	organiz	ation	_		
	by.									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations				ē				3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	organization's endo	wment	funds							
Par	t VI Investments - Land, Building				, Part X, line 1	0.					
	Description of investment	(a) Cost or c	ther	(b) Cost	or other	(c) Acc	umulate	<u> </u>	(d) Book	value	
	'	basis (investr			(other)		eciation				
1a	Land			52	7,528.				527	.5	28.
	Buildings				8,870.	1 3	37,00	9 -	1,461		
~	Leasehold improvements				_,_,_,		.,,		_,	, , ,	
ب ہ	Equipment							-+			
	• •			07	2,943.	E 1	56,26	<u>, </u>	// 1 /	· 6'	<u>79.</u>
	Other Add lines 1a through 1e (Column (d) must e	augl Form 000 Po-4	V colo				, , , , ,		$\frac{410}{2,406}$, , ,	<u>, , , .</u>
<u>ı yıdı</u>		quai i viiii 330, rail	A, CUIUI	<u> </u>	<u> </u>				<u>~, +: 0 (</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	5 0 -

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Schedule D (Form 990) 2009

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uncertain tax positions under FIN 48

	t XI Reconciliation of Change in Net Assets from Fo	rm 990 to Audited Fin	ancial Sta		1300928 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	The cook of the cook of the	1	Comonic	4,497,336.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,953,946.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,543,390.
4	Net unrealized gains (losses) on investments		4		1,343,330.
5	Donated services and use of facilities	• •	5		
6	Investment expenses	• •	6		
7	Prior period adjustments		7		199,931.
8	Other (Describe in Part XIV.)		8		179,931.
	Total adjustments (net). Add lines 4 through 8	•	9		199,931.
9		ing lines 2 and 0	10		1,743,321.
Par	Excess or (deficit) for the year per audited financial statements. Combit XII Reconciliation of Revenue per Audited Financia			Return	1,143,341.
1	Total revenue, gains, and other support per audited financial statemen		tomae per	1	4,497,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			 	#,# <u>J</u> 1,JJ0.
a	Net unrealized gains on investments	2a			
a b	Donated services and use of facilities	2b		┥ !	
٥	Recoveries of prior year grants	2c		- 	
ن	Other (Describe in Part XIV)	2d		-	
d	•			$\dashv $ $_{\sim}$ \mid	0.
e	Add lines 2a through 2d Subtract line 2e from line 1	•		2e 3	4,497,336.
3	•			3	4,431,330.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	40			
a		4a		-	
b	Other (Describe in Part XIV)	4b		\dashv . \vdash	^
c	Add lines 4a and 4b			4c	0. 4,497,336.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Reconciliation of Expenses per Audited Financia		menses ne		
	Total expenses and losses per audited financial statements	ar otatements with E	cpenses pe		2,953,946.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•		1	4,333,340.
2	Donated services and use of facilities	ا مو ا			
a		2a		-	
b	Prior year adjustments Other losses	2b		\dashv \vdash	
C		2c		\dashv \mid	
d	Other (Describe in Part XIV)	. 2d			٥
_	Add lines 2a through 2d	•		2e	0. 2.953.946.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1			3	2,333,340.
4	• • • •	1 45 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV.)	4b		\dashv $_{a}$ \mid	0
	Add lines 4a and 4b	line 10 \		4c	0. 2,953,946.
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, t XIV Supplemental Information	iine 18.) .		5	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, as 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b				
				C-b	-lo D (Farry 000) 2000

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

"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.

Open To Public Inspection Employer identification number

Name of the organization								E	mploye	r identif	ication r	number
	OTHILLS								<u> 51-13</u>	8892	8	
Part I Excess Benefit	t Transacti	ons (secti	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only)					
Complete if the org	anization ansv	vered "Yes"	on For	m 990, Part IV,	line 25a o	r 25b, or Fo	rm 990-E	Z, Part	V, line 40)b		
(a) Name of dis	squalified pers	on			(b)	Description	of transa	ection				rected?
(4)					(-)			<u> </u>	.		Yes_	No
				<u> </u>					-			
			.						<u> </u>			
							-				 	
					•						 -	-
								_				
2 Enter the amount of tax imp	osed on the c	rganization	manac	ers or disqualif	ied person	s during the	year ur	der			-	
section 4958		•		•	•	· ·	•		▶ \$			
3 Enter the amount of tax, if a	iny, on line 2,	above, reim	bursed	by the organiza	ation	•			▶ \$			
			_									
Part II Loans to and/o	or From Int	erested	Perso	ns.								
Complete if the orga			on For	m 990, Part IV,	line 26, or	Form 990-E						
(a) Name of interested	(b) Loan t the organ		(c) Or	riginal principal amount	(d) Bala	ance due		ln ault?	by bo	oroved ard or	(g) W agreei	
person and purpose			-	amount				r		nttee?		
· · · · · · · · · · · · · · · · · · ·	То	From	<u> </u>				Yes	No	Yes	No	Yes	No
	1				 		1		-			
	+		 		ļ		-					
-	 		 -		 							
	 		-	 	 							
			-				-	-	+			
Total			<u> </u>	▶ \$	1					<u> </u>		
Part III Grants or Assis	stance Ber	efiting l	nteres				L					
Complete if the orga	anization ansv	vered "Yes"	on For	m 990, Part IV,	line 27.							
(a) Name of interested	person		(b) Rel	ationship between	een interes	sted person	and		(c) Am	ount an	d type o	f
				the or	ganization	1				assistar	ce	
					·							
								-				
								-				
Part IV Business Trans	actions In	volvina l	ntere	sted Person	16	-		<u> </u>				
Complete if the orga		_				10h or 20o						
(a) Name of interested				ship between in			unt obje	(d)	script	non of	(e) Sha	ring of
(a) Name of the ested	person			and the organiz		transa			transacti		organız	
											Yes	No
MATTHEW CHOATE		SON	OF	DIRECTO	R	4	.500	.LEG	AL F	EES	1.00	X
TYLER CHOATE				DIRECTO					ITRAC			X
						· · · · - · ·						
LHA For Privacy Act and Pape		tion Act No	otice, s	ee the			\$	Schedul	e L (For	m 990 c	r 990-E2	Z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE O

(Form 990)

Name of the organization

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 61-1388928

FOOTHILLS ACADEMY, INC.	61-1388928
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THERAPEUTIC OPPORTUNITIES. RESIDENTS RECEIVE INDIVIDUAL,	GROUP, AND
FAMILY COUNSELING. THEY ARE ACTIVE IN DRUG AND ALCOHOL CO	OUNSELING AND
DANGER AND BEHAVIOR MANAGEMENT.	
IT IS FOOTHILLS ACADEMY'S BELIEF THAT EVERYONE, INCLUDING	COUNSELORS,
LINE STAFF, ETC. ARE RESPONSIBLE FOR HELPING THESE YOUNG	MEN AND WOMEN
TURN THEIR LIVES AROUND. FOOTHILLS ACADEMY ALSO BELIEVES	IN INSTILLING
A SENSE OF PRIDE IN THEIR CLIENTS BY TEACHING YOUNG MEN I	NDEPENDENT
LIVING SKILLS.	
FORM 990, PART VI, SECTION A, LINE 2: D. JEFF CHOATE (CHA	IRMAN/CEO) AND
ROBIN M. CHOATE (DIRECTOR) - HUSBAND & WIFE	
FORM 990, PART VI, SECTION B, LINE 11: AUDITED FINANCIAL :	STATEMENTS ARE
REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS. FURTH	ERMORE, FORM 990
IS REVIEWED BY THE ORGANIZATION'S MANAGMENT AND DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW BY	BOARD OF
DIRECTORS IN ORGANIZATION'S MINUTES	
FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEW BY BO	DARD OF DIRECTORS
WITH INTERESTED/RELATED PARTIES OMITTED FROM DISCUSSION.	
FORM 990, PART VI, SECTION C, LINE 19: FOOTHILLS ACADEMY,	INC. MAKES ITS
DOCUMENTS AVAILABLE TO THE PUBLIC THOUGH THE USE OF ANOTHI	ER'S WEBSITE AND

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

932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number FOOTHILLS ACADEMY, INC. 61-1388928 UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S BOARD FURTHERMORE, FORM 990 IS REVIEWED BY THE ORGANIZATION'S OF DIRECTORS. MANAGEMENT AND EXECUTIVE DIRECTOR. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TYLER CHOATE (D) DESCRIPTION OF TRANSACTION: CONTRACT LABOR

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

Schedule O (Form 990) 2009

Current Year Deduction	11,243.	121.	4,934.	1,973.	0.	404.	1,508.	15,769.	211.	0.	2,771.	2,232.	2,178.	2,620.	3,333.	0.	220.	7 357
Current Sec 179																		
Accumulated Depreciation	98,736.	1,418.	58,017.	23,203.	44,780.	3,407.	8,356.	58,478.	1,784.	40,665.	28,732.	8,719.	11,259.	10,674.	14,036.		1,696.	10 1
Basis For Depreciation	248,648.	1,840.	75,285.	30,110.	44,780.	6,839.	41,464.	433,659.	2,100.	40,665.	32,889.	15,622.	40,305.	26,197.	50,000.	179,769.	2,467.	201 30
Reduction In Basis																		
Bus % Excl		,																
Unadjusted Cost Or Basis	248,648.	1,840.	75,285.	30,110.	44,780.	6,839.	41,464.	433,659.	2,100.	40,665.	32,889.	15,622.	40,305.	26,197.	50,000.	179,769.	2,467.	201 30
No	0017	017	017	017	17	017	016	016	17	17	17	16	0017	016	016		17	7
Life		0	0	0.	5.00	0	27.5(27.5(7.00	5.00	7.00	7.00		10.00	15.00		7.00	7.00
Method	50DB	000B	00DB	00DB	00DB	50DB			000B	00DB	00DB		50DB			_	00DB	קרטט
Date Acquired	010102150DB20.	010102200DB10.	010102200DB10.	010102200DB10	010102200DB5.0	010102150DB15.	060103SL	040105SL	120503200DB7.0	121203200DB5.0	060103200DB7.0	060104SL	050104150DB20.	060104SL	060104SL	010102L	051805200DB7.0	030105200087.0
Description	LEASEHOLD IMPROVEMENTS	FROFERII & 2EQUIPMENT EIENIMIDE 6		4KITCHEN EQUIPMENT	SVEHICLES	6WATER LINES	TIMPROVEMENTS	RETERSON BUILDING		10CHEVROLET TAHOE		12KITCHEN EQUIPMENT	IMPROVEMENTS	14FURNITURE	15OFFICE TRAILER	16LAND	17OFFICE CARPET	1 SPITRNITTIRE
Asset	ਜ	7	. K.	4	Ŋ	6	7	∞ -	6	10	11	12	13.	14	12	16	17	ά

928 102 06-24-09

(D) - Asset disposed

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Asset No	Description	Date Acquired M	Method	Life	No No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	19KITCHEN EQUIPMENT	020105SL		5.00	16	13,699.			13,699.	10,959.		2,740.
20	20CHEVROLET 3500	030705SL		5.00	16	11,250.			11,250.	9,000.		2,250.
21	21FORD F350 VAN	031505SL		5.00	16	16,147.			16,147.	12,838.		3,229.
22	221997 DODGE TRUCK	062305SL		5.00	16	3,500.			3,500.	2,800.		700.
23	23 <mark>1999 JEEP</mark>	072605SL		5.00	16	6,500.			6,500.	5,200.		1,300.
24	241999 FORD TAURUS	081005SL		5.00	16	1,500.			1,500.	1,200.		300.
25	25LEXINGTON BUILDING	123105L	(1	27.50		168,936.			168,936.	256.		0
26	26OTTER CREEK LAND	091305L		-		200,000.			200,000.			0
27	27SAWYER LAND	110805L		_		33,649.			33,649.			0
78	(2) (2)	040105SL		5.00	16	9,378.			9,378.	7,503.		1,875.
29	29IMPROVEMENTS	040105SL		20.0016	16	38,510.			38,510.	7,221.		1,926.
30	30(4)	110106SL		39.00	016	15,146.			15,146.	841.		388.
31	ADMINISTRATION BUILDING	100107SL		39.00	016	145,943.			145,943.	4,678.		3,742.
32	32IMPROVEMENTS	090106SL		15.0016	16	27,120.			27,120.	4,219.		1,808.
33	3 3EQUI PMENT	080106SL	·	7.00	16	28,439.	-		28,439.	9,819.		4,063.
34	34KITCHEN EQUIPMENT	123106SL		7.00	16	6,831.			6,831.	1,952.		976.
35	A CHEVROLET C10	120106SL		7.00	16	3,000.	·		3,000.	893.		429.
36		120106SL	1	.00	16	800.			800.	238.		114.

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(D) - Asset disposed

2009 DEPRECIATION AND AMORTIZATION REPORT

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FORM

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Current Year Deduction	0.	0.	0.	269.	4,520.	231.	5,415.	298.	3,219.	1,430.	16.	5,246.	119.	4,535.	5,993.	1,167.	5,976.	0
Current Sec 179												•						
Accumulated Depreciation				269.	4,520.	231.	5,415.	1,091.	4,024.	2,264.	28.	9,180.	198.	8,692.	8,490.	1,653.	3,557.	
Basis For Depreciation	4,500.	35,000.	40,082.	10,500.	176,269.	9,012.	211,166.	11,623.	125,555.	21,445.	640.	36,720.	830.	13,605.	17,980.	3,500.	29,881.	400.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	4,500.	35,000.	40,082.	10,500.	176,269.	9,012.	211,166.	11,623.	125,555.	21,445.	640.	36,720.	830.	13,605.	17,980.	3,500.	29,881.	400.
S S S	·			016	016	016	016	016	016	0016	016	16	16	16	16	16	16	
Life				39.00	39.00	39.0(39.00	39.00	39.00	15.00	39.00	7.00	7.00	3.00	3.00	3.00	5.00	
Method	_ 	LI.	LI.	SL	SL	SL	SI	$_{ m SI}$	SL	SL	SL	SL	SL	SL	SL	SL	SI	اد
Date Acquired	050106L	081106L	082106L	120707SL	123107SL	123107SL	123107SL	030107SL	093007SL	SHOP060107SL	040507SL	040107SL	050907SL	021307SL	072407SL	081007SL	092807SL	102007L
Description	OTTER CREEK LAND 37ANALYSIS	38WINFREY'S LANDING	3910 ACRES - LITTLE	40CLASSROOM ON GYM	2 COTTAGES	42ARCHITECT	43GYMNASIUM	44MOBILE CLASSROOMS	45BUILDING	NTS -	47IMPROVEMENTS		49KITCHEN EQUIPMENT	502006 FORD VAN	512006 FORD 350 VAN	52FORD TRUCK	53TAHOE	54LAND SURVEY
Asset No	37.	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54

(D) - Asset disposed

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990

Current Current Year Sec 179 Deduction	5,376.	3,620.	1,617.	0	190.		.667	58 58	99 58 80	8 0 9 5 9 9	799 158 980 ,159	799 158 980 980 0.
	344.	207.	539.		142.	533.	_	92.	3 2	92 53 76	9 3 5	0 3 5
Accumulated Depreciation	1,	гі			•			•	•			
Basis For Depreciation	215,041	144,808,	64,697.	2,201.	949,	3,995,		789.	789,	789 ,900	789 ,900 ,114	789 4,900 8,114 2,863 6,548
Reduction In Basis												
Bus % Excl												
Unadjusted Cost Or Basis	215,041.	144,808.	64,697.	2,201.	949.	3,995.		789.	0	789,	789 ,900 ,114	789 4,900 8,114 2,863 6,548
Line	016	016	016		16	16		16		ਜ ਜ ਜ	н н н	<u>н н н</u>
Life	40.0	40.0	40.0		5.00	5.00	5.00	<u>}</u>	5.00	5.00	5.00	5.00
Method	TS	$_{ m SI}$	SI	<u>,-1</u>	SL	SL	SL		SL	SL	SL SL NC	SL NC SL
Date Acquired	100108EL	090108SL	090108EL	070108L	032808SL	041708SL	053008SL		050608SL	050608SL 060108SL	050608SL 060108SL 010108NC	050608SL 060108SL 010108NC 010108SL
A		50	0	<u>o</u>	0	0 7	0		0_	0 0	0 0 0	
Description	55CLASSROOMS AT GYM	56NEW COTTAGES	57GYMNASIUM	58OTTER CREEK	59riller	60KYOCERA COPIER	61GRILL		62TRAVEL TRAILER	62TRAVEL TRAILER 63EQUIPMENT CAPTHALIZED	TRAVEL TRAILER EQUIPMENT CAPITALIZED INTEREST	62TRAVEL TRAILER 63EQUIPMENT CAPITALIZED 64INTEREST 65WATER LINES * TOTAL 990 PAGE
Asset No	550	2 <u>F</u>	576	286	591	0 X	616	621	_	63 E	6 8 4 日 日 日	6 6 6 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 4 G 5 6 G

(D) - Asset disposed