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Form **990**

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

∠⊍UJ Open to Publi

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 01/01 2009, and ending 12/31 For the 2009 calendar year, or tax year beginning 20 C Name of organization St Michaels High School Foundation D Employer identification number B Check if applicable Please Doing Business As 0401924 Address change Telephone number print or Number and street (or PO box if mail is not delivered to street address) Room/suite Name change type PO BOX 22563 505) 988-2264 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc-**SANTA FE, NM 87502** G Gross receipts \$ 409,313 Amended return F Name and address of principal officer Tim Viail Application pending H(a) Is this a group return for affiliates? Yes PO BOX 22563, Santa Fe, NM 87502 H(b) Are all affiliates included? ☐ Yes ☐ No Tax-exempt status **√** 501(c) (**3**)**◄** (insert no) If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Non-Profit L Year of formation 1993 M State of legal domicile NM Summary To create an endowment fund for the Briefly describe the organization's mission or most significant activities: benefit of St. Michael's High School ,its students, and its faculty. Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 22 3 Number of voting members of the governing body (Part VI, line 1a). 4 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of employees (Part V, line 2a) 6 50 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 44,228 318,755 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) . -17,028 90,558 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue add ines 8 to ough 11 (must equal Part VIII, column (A), line 12) 49,095 0 76,295 409,313 13 Grants and similar amounts paid (Part) X, column (A), lines 1–3)
14 Benefits part to or for members! (Part IX column (A), line 4)
15 Salaries, other compensation, employee the perits (Part IX, column (A), lines 5–10) 72,000 0 78,780 0 16a Professional undraising fees; (Partix column (A), line 11e) 10,577 S (Part IX eotumn (D), line 25) ▶ b Total fundraising expens 259,641 47,848 17 Other expenses Part IX, column (A), lines 11a-11d, 11f-24f) 198,628 270,218 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 -122,333 139,095 End of Year Beginning of Current Year 675.339 802.973 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 675,339 802,973 Catill Signature Block perjury, I declare that I h we examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign Signature of Here Jim Varela, Treasure Type or print name and title Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ 🔽 Paid 9120110 Preparer's Firm's name (or yours Joseph McIntyre Use Only if self-employed) 3525 North Pole Loop NE, Rio Rancho, NM 87144 Phone no ► (**505**) 280-6105

✓ Yes _ Form **990**

	Statement of Program Service Accomplishments										
1	Briefly describe the organization's mission. To create an endowment fund for the purpose of granting scholarships to needy children who wish to Michael's but cannot afford to do so										
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No									
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
4a	(Code) (Expenses \$ 237,003 including grants of \$ 0) (Revenue \$ Provided scholarships to students at St Michaels High School										
4b	(Code) (Expenses \$0 including grants of \$0) (Revenue \$Not applicable										
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)									
	······································										
	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)										
4e	Total program service expenses ► 237,003										

Par	Checklist of Required Schedules			
			Yes	No
ť	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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_		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
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		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓_	
•	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.	i		
•	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 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			
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		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A 12A		-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		V
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	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III .	16		✓
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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Ves." complete Schedule H	20	1	

Ρã	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		✓
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		✓
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		✓
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		✓
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		
d	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 disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	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 Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		→
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
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		✓
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		✓
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		✓
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		1
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		√
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	1	·

Par	Statements Regarding Other IRS Filings and Tax Compliance			
والمستحد المائد	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .	,		
	Little the humber of Forms W-2d included in line 1a. Little -0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
2 a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> 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?	За		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	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		
	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 was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	areas recorpte, included on Form coo, Fact vin, into 12, for public asc of olds recointes	ł		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	areas means from members of shareholders	1		
b 40-	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Ves." enter the amount of tax-exempt interest received or accrued during the year.	12a	ļ	-

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.

Sec	tion A. Governing Body and Management			r				
			Yes	No				
1a	Enter the number of voting members of the governing body 1a 22	ļ						
b	Enter the number of voting members that are independent 22							
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		✓_				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		_				
	supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓				
6	Does the organization have members or stockholders?	6		✓				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_						
	of the governing body?	7a		V				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		V				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following.	0-						
	The governing body?	8a	V					
b a	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	 _	<u> </u>				
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		./				
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		V				
	enue Code)	zi i idi						
			Yes	No				
100	Does the graphization have lead chapters, branches, or efficience	10a	169	<u></u>				
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>				
D	affiliates, 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							
1.1	form?	11	1					
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
~	rise to conflicts?	12b						
_								
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						
13	Does the organization have a written whistleblower policy?	13		√				
14	Does the organization have a written document retention and destruction policy?	14		√				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1						
а	The organization's CEO, Executive Director, or top management official	15a		✓				
b	Other officers or key employees of the organization	15b		✓				
	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		✓				
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	1						
<u></u>	the organization's exempt status with respect to such arrangements?	16b		<u> </u>				
	tion C. Disclosure			.				
17 10	List the states with which a copy of this Form 990 is required to be filed NM							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)					
	available for public inspection. Indicate how you make these available. Check all that apply							
4.5	Own website Another's website Upon request							
19	(
00	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 reconganization St Michael's High School , (505)983-7353	rds o	t the					
	100 Siringo Rd, Santa Fe, NM 87505							

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	1	any o	curr			cer, d	irec		(-	
(A)	(B)	_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	हाँ Individual trustee © or director	nstitutional 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)	Estimated amount of other compensation from the organization and related organizations
TIM VIGIL	0							0	0	
PRESIDENT	0	✓		✓				0	0	0
ANNA FARRIER	0			İ				0	o	0
VICE PRESIDENT		✓		1				0		
JAMES VARELA	o							0	o	0
TREASURER	0	✓		✓				0	U	<u> </u>
LOURDES LOPEZ	0							0		0
SECRETARY	0	1		✓				0	0	0
CLARICE PICK BERHOST	0							0	0	0
MEMBER	0	✓						0	0	0
DAVID BLACKMAN	0							0	0	0
MEMBER	U	1						J	0	
ANN BODELSON BROWN	0							0	o	0
MEMBER	U	1						· · · · · ·	U	
JERRY COPPLER	0							0	0	0
MEMBER	U	/						0	٥	U
WILLIAM E GARCIA	0								0	0
MEMBER	0	✓						0	0	0
DAVID GONZALES MD	0							0	0	0
MEMBER	0	/						U	ا	U
ARTURO L JARAMILLO	0							0	0	0
MEMBER	<u> </u>	✓	<u>L</u>				L	u	<u> </u>	U
STEPHEN P LUCERO MD	0									0
MEMBER	0	✓						0	0	0
BRUCE MCKENNA	0							0	0	•
MEMBER	0	✓							0	0
BETTY MONTOYA	0							0	0	
MEMBER		√						U	U	0
MAX MYERS	0									0
MEMBER		✓	L					0	0	0
WILLIAM ROYBAL	0							0	0	•
MEMBER	U	✓						ĺ		0

Pa	Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontınu	ed)	
	(A) (B) (C)								(D)	(E)		(F)	
•	Name and title	Average hours per week	Individual trustee	nstitutional 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)	cor	Estimate amount of other mpensatifrom the rganization of relate ganization	of tion e ion ed
CYI	NTHIA SANCHEZ				-		<u> </u>				-		
	MBER	0	1						0	(<u>'</u>		0
	N M SEGURA MBER	0	,						0	()		0
	RBARA SERNA		V				<u> </u>		_				
	MBER	0	1		✓				0	(<u>'</u>		0
	ODNEY TAFOYA MBER	0	1		1				О	C	,		0
	OTHER PAUL WALSH CSC WBER	0	1						0	()		0
	TTHEW WINTER		V						0		†		
ME	MBER	0	✓						0	(<u>'</u>		0
		-											
			-		-								
		-											
							-						
		-											
	Total	<u> </u>	<u> </u>		<u></u>	l		<u></u>	0	()		0
2	Total number of individuals (including but		to th	ose	liste	ed a	above	e) wh					
	reportable compensation from the organiz	ation ► 0										1	
												Yes	No
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," <i>complete</i> S	•						oye	e, or highest c · · ·	compensated	3		✓
4	For any individual listed on line 1a, is the state organization and related organizations	sum of rep greater tha	ortab an \$1	e c 50,0	omp	oens P If "	sation 'Yes,"	and ' <i>coi</i>	d other compe mplete Schedu	nsation from le J for such	4		./
5	Individual Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com; olete	pen Sch	satı	on i	from	any	unrelated org	anization for	5		. ,
Se	ction B. Independent Contractors	100, 00111	0,010	00//			, 10, 6	,001	i person :	• •			. •
1	Complete this table for your five highest c compensation from the organization	ompensate	ed ind	epe	ende	ent d	contra	acto	rs that receive	d more than \$	100,00	0 of	
	(A) Name and business add	dress							(B) Description of s	ervices		C) ensation	 1
								\vdash					
								\vdash					
2	Total number of independent contractors (to	those	list	ed above) who	received			

Part	WIIV	Statement of Revenue					
,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants	1	Federated campaigns 1 Membership dues . 1			revende		012, 010, 01 014
Contributions, gifts, grants and other similar amounts	d	Fundraising events	d 0				
butions ther sin		Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above					
Contri and o		Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		318,755			
ane			Business Code				
Program Service Revenue	2a						
e B	b						
Ž	C					<u></u>	
Š	d						
grar	e f	All other program service revenue					
Pro	1	Total. Add lines 2a-2f	. •	0	:		
	3	Investment income (including divider other similar amounts) .	nds, interest, and	90,558	90,558	0	0
	4	Income from investment of tax-exempt b	ond proceeds >	0	0	0	0
	5	Royalties .		0	0	0	0
	6a	(i) Real	(ii) Personal				
		Less. rental expenses					
		Rental income or (loss)	0 0				
	d	Net rental income or (loss)	. •				
	7a	Gross amount from sales of assets other than inventory (i) Securities	(II) Other				
	b	Less cost or other basis and sales expenses .					
		Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$				i	
Other		Less. direct expenses	a b				
	9a	Gross income from gaming activities See Part IV, line 19	а			·	
		Less direct expenses. Net income or (loss) from gaming ac	b tivities				
	10a	Gross sales of inventory, less returns and allowances	а	:			
		Less: cost of goods sold	b				-
	C	Net income or (loss) from sales of inve					
	11a		Business Code		-		
	b		:				
	C						
	_	All other revenue					
	1	Total. Add lines 11a-11d .	•	0			
		Total revenue. See instructions	>	409,313	90,558	0	0

Part X Statement of Functional Expenses

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

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

	All other organizations must complete col	anni (ri) bat are ne	e required to comp	2,010 00,0111110 (2),	(-), (-).
	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	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	16,000	0	16,000	
b	Legal	0	0		
С	Accounting	0	0		_
d	Lobbying	0	0		
е	Professional fundraising services See Part IV, line 17	10,577			10,577
f	Investment management fees	0	0		
g	Other	50,801	50,801	0	
12	Advertising and promotion	7,480	7,480	0	
13	Office expenses	320	0	320	
14	Information technology	0	0	0	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	71,642	71,642	0	
20	Interest .	1,036	0	1,036	
21	Payments to affiliates	107,080	107,080	0	
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	1,075	0	1,075	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS	4,207	0	4,207	. 0
b c					
d	***********				
е					
f 25_	All other expenses	270,218	237,003	22,638	10,577
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet (B)** End of year (A) Beginning of year 77,200 101,203 1 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . 6 7 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use . 8 9 9 Prepaid expenses and deferred charges . 0 10a Land, buildings, and equipment. cost or 10a other basis Complete Part VI of Schedule D 0 10c O 10b **b** Less. accumulated depreciation . . . 700.748 597,117 11 11 Investments—publicly traded securities 12 0 Investments-other securities. See Part IV, line 11 12 13 0 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets . 1.022 1,022 15 Other assets. See Part IV. line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 675,339 802,973 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . 21 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 0 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . 28 28 Temporarily restricted net assets. Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► <a>✓ ŏ and complete lines 30 through 34. 0 30 0 Assets 30 Capital stock or trust principal, or current funds 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund 802,973 675,339 32 32 Retained earnings, endowment, accumulated income, or other funds 675,339 802,973 Total net assets or fund balances 33 33 675,339 34 Total liabilities and net assets/fund balances 34 802,973

Pă	TXI Financial Statements and Reporting								
			Yes	No					
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🔲 Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.		_ ,						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	b Were the organization's financial statements audited by an independent accountant?								
С	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?								
	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 consolidated basis, separate basis, or both								
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?	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	3b							

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 85 0401924 St Michaels High School Foundation Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 9 An organization that normally receives (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % 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). 11 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 **c** Type III–Functionally integrated **d** Type III-Other a 🗌 Type I **b** Type II e 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) f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) 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 (vi) is the (vii) Amount of the organization in in col (i) listed in your organization in col support organization (described on lines 1-9) governing document? (i) organized in the above or IRC section. col (i) of your US? support? (see instructions)) Yes Yes Yes No

Total

	Support Schedule for Org (Complete only if you check	anizations (ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(I)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar 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						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				l		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	_					
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 .		L				L
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth	n, or fifth tax y	rear as a section	on 501(c)(3)
				t (6)		144	
14	Public support percentage for 2009 (line			i, column (t))		15	<u>%</u> %
15	Public support percentage from 2008 Sch				 		
16a	33% % support test—2009. If the organization and step here. The organization auglifica				line 14 is 33/3	% or more, cne	CK THIS DOX
L	and stop here. The organization qualifies	•	-			 201/-0/-or-mara	obook this
b	33% % support test—2008. If the organization qua					33/3 % OF MORE	, check this ▶ □
17a	10%-facts-and-circumstances test—20	•		•		· 16h and line 1	4 is 10% or
174	more, and if the organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Parl	(V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun inces" test The	nstances" test, o organization qui	check this box a alifies as a public	and stop here cly supported or	Explain in Part ganization .	IV how the ▶ □

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

Sec	Section A. Public Support										
Ca	llendar 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 ")	72,743	134,050	92,928	44,228	318,755	662,704				
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	81,133	72,460	81,278	49,095	0	283,966				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0				
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0				
6	Total. Add lines 1 through 5 .	153,876	206,510	174,206	93,323	318,755	946,670				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0				
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										
	amount on line 13 for the year	0	0	0	0	0	0				
с 8	Add lines 7a and 7b Public support (Subtract line 7c from	U	U	U	U	U	<u> </u>				
	line 6)						946,670				
	Section B. Total Support										
	alendar year (or fiscal year beginning in)	(a) 2005 153,876	(b) 2006 206,510	(c) 2007 174,206	(d) 2008 93,323	(e) 2009 318,755	(f) Total 946,670				
9	Amounts from line 6	133,070	200,310	174,200	99,323	310,733	340,070				
104	payments received on securities loans, rents, royalties and income from similar sources	35,358	27,357	37,673	34,125	90,558	225,071				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0				
С	Add lines 10a and 10b	35,358	27,357	37,673	34,125	90,558	225,071				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0				
13	Total support. (Add lines 9, 10c, 11, and 12)	189,234	233,867	211,879	127,448	409,313	1,171,741				
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) ▶ □				
Sec	tion C. Computation of Public Su	pport Percei	ntage								
15	Public support percentage for 2009 (lin			ie 13, column	(f))	15	80 79 %				
16	Public support percentage from 2008 S			<u> </u>		16	83.22 %				
	tion D. Computation of Investmen						40.24				
17	Investment income percentage for 200				olumn (f))	17	19.21 % 16.78 %				
18	Investment income percentage from 20					18					
19a	33\% % support tests - 2009. If the organized in the support tests - 2009, if the organized in the support tests -										
b	33\% support tests – 2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33% %, and				
20	Private foundation. If the organization										

_		-
Pac	эe	4

Part IV.	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and 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

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number 0401924 St Michaels High School Foundation 85 : • Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes Palalli 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 Preservation of a certified historic structure ☐ Protection of natural habitat 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 2a a Total number of conservation easements. 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 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 the tax year ► 4 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 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 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 170(h)(4)(B)(i) 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 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. 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 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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintainii	ng Collections	of Art, Hi	storica	l Treasure	s, or C	ther Similar As	sets (continued)
	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	Public exhibition		d		oan or exch	nange p	rograms	
b	Scholarly research		е		ther			
С	Preservation for future generati	ons						
4	Provide a description of the organization Part XIV.	ation's collections	and expl	laın how	they furthe	er the o	rganızatıon's exer	npt purpose in
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
	Is the organization an agent, trustee included on Form 990, Part X?					tions or	other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in	Part XIV and com	nplete the	followir	ng table.			
						<u> </u>		nount
С	Beginning balance					10		
d	Additions during the year .				•	_1d		
е	Distributions during the year .					. <u>1e</u>	-	
f	Ending balance					. 1f		
	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV			· <u>-</u>			└ Yes └ No
Par	Tiv Endowment Funds. Cor	mplete if the org	ganızatıoı	<u>n a</u> nsw	ered "Yes"	' to Fo		
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and losses						i	
d	Grants or scholarships							
е	Other expenditures for facilities and programs					<u></u>		
	Administrative expenses . End of year balance							
2	Provide the estimated percentage of	f the year end ba	lance held	d as				
а	Board designated or quasi-endowm	-						
b								
С	Term endowment ▶ %							
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the							
	organization by	P • • • • • • • • • • • • • • • • • • •						Yes No
	(i) unrelated organizations .	_						3a(i)
	(ii) related organizations .							3a(ii)
b	If "Yes" to 3a(II), are the related orga							3b
4	Describe in Part XIV the intended us						<u> </u>	
Par	tW Investments—Land, Bu	ildings, and Eq	uipment	. See F	orm 990, F	Part X,	line 10	
	Description of investment	(a) Cost or ot (investm			st or other is (other)		Accumulated epreciation	(d) Book value
	Land		0		0			0
b	Buildings		0		0		0	0
c	Leasehold improvements		0		0		0	0
d	Equipment .		0		0		0	0
e	Other .		0		0		0	0
Tota	al. Add lines 1a through 1e (Column (d) i	must equal Form 9	90, Part X,	column	(B), line 10(d	c))	. ▶	0

Part VII Investments—Other Secur	ities. See Form 990, Part X, line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives Closely-held equity interests Other	. 0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	D 0	
Part VIII Investments—Program Re	lated. See Form 990, Part X, line	e 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX: Other Assets. See Form 990	, Part X, line 15	
EQUIPMENT	(a) Description	(b) Book value 1,022
Total. (Column (b) must equal Form 990, Part X,	and (P) line 15)	. ▶ 1,022
Part X Other Liabilities. See Form 9		1,022
(a) Description of liability Federal income taxes	(b) Amount 0	
Total (Column (b) must organ Earn 000 Part V and (D) to a 00		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the te		n's financial statements that reports the
organization's liability for uncertain tax position	ns under FIN 48	

Pá	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statements	
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	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Lei	Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return	-
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		
а	Net unrealized gains on investments	 [
b	Donated services and use of facilities		
c	Recoveries of prior year grants . 2c		
d	Other (Describe in Part XIV)	— ₂₂]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.) Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c 5	
Name of the	Reconciliation of Expenses per Audited Financial Statements With Expenses		
		1	·
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a	Donated services and use of identities		
d o	Prior year adjustments		
4	2d		
d	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	The state of the model of the model of the transfer of the transfer of the model of the transfer of the transf		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	
Pa	XIV Supplemental Information		
and	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d part to provide any additional information.		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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

Dèpartment of the Treasury Internal Revenue Service	► Attach to Form 990.		Inspection
Name of the organization		Employ	er identification number
St Michaels High Sc	chool Foundation	85	0401924
Form 990, Part VI, S	Section B, Line 11 - Meeting with Treasurer to review return		
			
Form 990, Part VI, S	Section C, Line 19 - Any Policies of the governing board are available t	upon wr	itten request.
			
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Schedule O, Statement 1

St Michaels High School Foundation 85-0401924

Form 990

Page 1

Line Number

Reasonable Cause Explanations

Explanation

Accounting for the St Michaels Foundation was brought in to the St Michaels High School business office effective 7/1/09. Staff for St. Michaels is still in the process of refining financial reporting and familiarizing itself with the reporting requirements of the Foundation. Since the school itself is considered church related, it has always been exempt from filing 990.

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