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# Form **990**

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A Fo	r the	2009 са	alendar yea	r, or tax year beginning 07-0	1-2009 and ending 06-30-20	010		
_		pplicable	Please	C Name of organization CONEJO SCHOOLS FOUNDATION	V			identification number
	dress ch		use IRS label or	Doing Business As			02-0705 E Telephone	
_	me cha		print or type. See				(805) 49	
_	tial retu		Specific Instruc-	Number and street (or P O box 1400 JANSS RD	ıf maıl ıs not delivered to street add	ress) Room/suite		ots \$ 1,526,311
_	mınate		tions.					
_	ended			City or town, state or country, a THOUSAND OAKS, CA 91362	and ZIP + 4			
Арі	olication	pending		·				
			<b>F</b> Nan LAURI	ne and address of principal o FIAM	fficer		is a group ret	urn for ┌ Yes ┌ No
			245 A (	CACIA ROAD		affilia	ites	j fes j• No
			NEWBU	JRY PARK, CA 91320		1 ' '	l affiliates incl	·
—— <b>т</b> Та	x-exem	npt status	✓ 501(c)	) ( 3 ) ◀ (insert no )	)(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		o," attach a lı ıp exemptıon	st (see instructions)
			nejoschools		(1-)	H(c) Give	ip exemption	number <b>F</b>
						<u> </u>		Π
		ganization Sum		tion Trust Association Oth	er 🕨	<b>L</b> Year of fo	rmation 2003	M State of legal domicile CA
Governance	1	Briefly o	describe th nejo Schoo	e organization's mission or r ls Foundation mobilizes reso ences for all CVUSD studen	urces and partners with the c	ommunity to pro	tect, strength	nen, and grow quality
Ē								
9	2	Check	this box 🛏	f the organization disconti	nued its operations or dispose	ed of more than	25% of its ne	t assets
<b>2</b> 5	3		_		dy (Part VI, line 1a)			313
Activities	4				governing body (Part VI, line	1b)	•	40
Ϋ́	_			nployees (Part V, line 2a)				<b>5</b> 2 50
ă	6 73			olunteers (estimate if necess	art VIII, column (C), line 12			6 50 7a 0
	1			ness taxable income from Fo				7b
					·	Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)				82,413
nie	9 Program service revenue (Part VIII, line 2g)							1,370,437
Reveni	10	Invest	tment incor	ne (Part VIII, column (A), lu	nes 3, 4, and 7d)			2,657
т.	11			art VIII, column (A), lines 5			6,785	
	12			dd lines 8 through 11 (must			1,462,292	
	13				umn (A ), lines 1-3 )			1,255,572
	14	Benefi	ts paid to c	or for members (Part IX, colu			0	
ø	15		es, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5 5 -		45,973
136	16a	10) Profes	sional fund	raising fees (Part IX column	n (A), line 11e)			43,973
Expenses	ь			enses (Part IX, column (D), line 25				
Ш	17				1a-11d, 11f-24f)			19,574
	18				l Part IX, column (A), line 25)			1,321,119
	19	Reven	ue less exp	penses Subtract line 18 from	n line 12			141,173
5 Q4 KCeS							g of Current 'ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)		<u>'</u>	335,433	701,935
A AS	21						93,110	<del> </del>
žŽ	22		-		from line 20		242,323	-
Pai	rt II	Sign	ature Bl	ock				
					ned this return, including accompany of preparer (other than officer) is ba			
Sign		****		or.			05-15	
Here	e	1.	ature of office			Date		
			RIE LAM TREA e or print nam					
		<b>       </b>	<u>.</u>		Date	Check If	Prenarer's ide	ntıfyıng number
Paid		Preparer signature		RYN K WALTERS	2011-05-16	self- empolyed •	(see instruction	
	arer's	Firm's n	ame (or yours	s <b>k</b> KATHRYN K WALTERS CPA		cilipolyed F  V		
Use		ıf self-er	nployed), and ZIP + 4	2847 COLUMBINE CT	EIN 🕨			
	-	audiess,	ana 21F + 4				Phone no 🕨	(805) 496-5352
Mav ·	the IR	I S discus	ss this retu	rn with the preparer shown a	bove? (see instructions) .			 ☐ Yes ☐ No

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Conejo Schools Foundation

	(Expenses \$	375,720 incl	udıng grants of	f\$	) (Revenue \$	351,378)
4d	Other program ser	rvices (Describe in Sche	dule O ) <b>See a</b>	lso Additional Data for	Description	
	PROVIDED GET AHEAD	SUMMER SCHOOL PROGRAM:	FOR HIGH SCHO	DOL STUDENTS		
4c	(Code	) (Expenses \$	42,676	including grants of \$	) (Revenue \$	144,145 )
	•	ANTS FOR ENRICHMENT OF M	,	,	, , , , , ,	,,,
4b	(Code	) (Expenses \$	108,632	including grants of \$	108,632 ) (Revenue \$	124,914 )
	RECEIVED A DONATION	N FOR THE CONSTRUCTION O	F A PERFORMING	ARTS CENTER AT A LOCAL I	HIGH SCHOOL	
la	(Code	) (Expenses \$	•	including grants of \$	) (Revenue \$	750,000)
4	Section 501(c)(3) a allocations to other	and 501(c)(4) organizating, the total expenses, ar	ons and section of revenue, if a	n 4947(a)(1) trusts ard ny, for each program se		unt of grants and
	If "Yes," describe th	nese changes on Schedu	le O			
3	Did the organization services?	n cease conducting, or m · · · · · · ·	ake sıgnıfıcant	<del>-</del>	ducts, any program · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe th	nese new services on Sc	nedule O			
2	the prior Form 990	n undertake any significa or 990-EZ?		rvices during the year v		┌ Yes ┌ No

Dart TV	Checklist	of Required	Schedules
4:11.	CHECKHIST	oi Keguii eu	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11		Νο
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		No
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	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
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		No
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		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Form 990 (	Form 990 (2009)						
Part V	Part V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this		103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		No
h	return?	3a 3b		NO
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		No
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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 organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	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		No
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		No
9	Sponsoring organizations maintaining donor advised funds.	-		110
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1400 JANSS RD THOUSAND

OAKS,CA 91362 (805) 495-9595

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

Se	ction A. Governing Body and Management			
			Yes	No
		1		
_		1		
1a	Enter the number of voting members of the governing body 1a 13	!		
ь	Enter the number of voting members that are independent 1b 0			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
ICC	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	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		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
6~	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	<b>.</b>
	ANDREALAMBERT	-		

# 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, and current key employees 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, or 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 n	ot compens	ate any	curr	ent	or fo	rmer o	ffıce	r, dırector, trustee (	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee			from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
MIKE SOULES President	25 00	×								
SHEILA CARLSON Vice President	2 00	х								
LAURIE LAM Secretary	2 00	х								
DIANNE MCKAY Treasurer	5 00	х								
DARLENE BUTSCHER BOARD MEMBER	50	х								
JEFF DAVIS	50	х								
BOARD MEMBER JACQUI IRWIN	50	×								
BOARD MEMBER DAVID KREINCES										
BOARD MEMBER ELIZABETH MCLAUGHLIN	50	Х								
BOARD MEMBER	50	x								
CHERLY MOORE BOARD MEMBER	50	х								
NORMAN NAGEL BOARD MEMBER	50	х								
SUE WELLS BOARD MEMBER	50	х								
KATHLEEN WOODWARD	50	х								
BOARD MEMBER										

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1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		<b>(C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{P} \)0			
		F	orm <b>99</b> 0	(2009)

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
99.92	1a	Federated campaigns 1a				314
	ь	Membership dues 1b				
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c				
	d	Related organizations 1d				
ਰੂ ਵੂ						
2. E	e					!!
e E	f	All other contributions, gifts, grants, and similar amounts not included above 1f 82,413				
흔등	g	Noncash contributions included in				
돌	_	lines 1a-1f \$	02.412			
० ल	h	Total. Add lines 1a-1f	82,413			
<u>a</u>		Business Code				
ē.	2a					
æ	b					
90	С					
ē.	d					
S =	е					
Program Serwce Revenue	f	All other program service revenue	1,370,437	1,370,437		
کِ ک						
	g	Total. Add lines 2a-2f	1,370,437			<u> </u>
	3	Investment income (including dividends, interest	2,657	2,657		
	4	and other similar amounts)	2,031	2,037		<del>                                     </del>
	5	Royalties				<del> </del>
	<b>.</b>	(i) Real (ii) Personal				
	6a	Gross Rents				
	b	Less rental				
	С	expenses Rental income				
	_	or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) Other Gross amount				
	/a	from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
	_	sales expenses Gain or (loss)				
	c d	Net gain or (loss)				
	8a	Gross income from fundraising				
Other Revenue	<b>5-2</b>	events (not including  \$ of contributions reported on line 1c)				
ů Ľ		See Part IV, line 18				
<u> </u>	h	70,804				
¥	b c	Less direct expenses <b>b</b> 64,019  Net income or (loss) from fundraising events •	6,785	6,785		
_	9a	Gross income from gaming activities	5,.55	5,.55		+
		See Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold <b>b</b>				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	c	<del></del>				+
	d	All other revenue				
	e	Total. Add lines 11a-11d				<del>                                     </del>
		Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	1,462,292	1,379,879		

# Part IX Statement of Functional Expenses

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

Α	ll other organizations must complete column (A) but are not required t				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,255,572	1,255,572		
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	40,735	0	40,735	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,238	0	5,238	0
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	2,600	0	2,600	0
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	90	0	90	0
g	Other				
12	Advertising and promotion	8,641	0	0	8,641
13	Office expenses	6,783	0	6,783	0
14	Information technology				
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	295	0	295	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
	grouped together and labeled miscellaneous may not exceed $5\%$ of total expenses shown on line $25$ below )				
а	DUES AND SUBSCRIPTIONS	486	0	486	0
b	FILING FEES	10	0	10	0
c	Insurance	669	0	669	0
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,321,119	1,255,572	56,906	8,641
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 (A) (B) Beginning of year End of year 175.355 265.526 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 127.628 186,409 2 2 7,000 250,000 3 3 4 25.450 4 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 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . . . . . . 9 9 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D b Less accumulated depreciation . . . . 10b 10c 11 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 16 335.433 701,935 Total assets. Add lines 1 through 15 (must equal line 34) . . . 93.110 68.438 17 17 Accounts payable and accrued expenses 250,000 18 18 19 19 20 20 Liabilities 21 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 Total liabilities. Add lines 17 through 25 . . . . . 93,110 26 318,438 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets . . . . 61.793 105,602 27 27 28 119.680 28 207.045 Temporarily restricted net assets . . . . . Fund 60.850 70.850 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 242,323 33 Total net assets or fund balances . . . . 33 383,497 34 Total liabilities and net assets/fund balances . . . . . 335,433 701.935 34

### Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
c	If "Yes," to 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					
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 Act and OMB Circular A-133?	3a		Νο		
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)

### OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

Name of the organization CONEJO SCHOOLS FOUNDATION

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number** 

02-0705355

Pa	rt I	Reas	on for Pub	olic Charity State	<b>us</b> (All orga	anizations r	nust comple	ete this par	t.) See inst	ructions			
he d	organi	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check o	nly one box	)				
1	Γ	A churc	h, conventio	on of churches, or as	sociation of c	hurches <b>se</b>	ction 170(b)(	1)(A)(i).					
2	Γ	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A)(ii).</b> (Atta	ach Schedule	⊋E)						
3	Γ	A hospı	tal or a coop	erative hospital serv	/ice organiza	tion describ	ed in <b>section</b> :	170(b)(1)(A	)(iii).				
4	Γ		cal research l's name, cit	organization operate y, and state	d in conjunc	tion with a h	ospital descri	bed in <b>sectio</b>	on 170(b)(1)(	<b>A)(iii).</b> Ente	r the		
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	rated by a g	overnmental	unıt describe	_ ed in		
		sect ion	170(b)(1)(A	<b>\)(iv).</b> (Complete Pa	rt II )								
6	Г	A federa	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	Γ	A comm	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )										
9	굣	An orga	nızatıon that	t normally receives	(1) more tha	n 331/3% of	ıts support fr	om contribut	ions, membe	rship fees, a	nd gro	5 S	
		receipts	from activit	ties related to its exe	empt function	ns—subject t	o certain exc	eptions, and	(2) no more	than 331/3%	of		
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted business	taxable inco	me (less sec	ction 511 tax	) from busin	esses		
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>sect ion 50</b>	<b>9(a)(2).</b> (Con	nplete Part I	II)				
LO	Γ	An orga	nızatıon orga	anızed and operated	exclusively t	o test for pu	blic safety S	ee <b>section 50</b>	9(a)(4).				
1	· -	one or r the box a	nore publicly that describ Type I	anized and operated supported organizates the type of suppo b Type II	tions describ rting organiz <b>c</b> [	ed in section ation and co Type III -	n 509(a)(1) o mplete lines : Functionally	r section 50 11e through integrated	9(a)(2) See 11h <b>d</b>	Type II	<b>a)(3).</b> [ - Oth	Check ner	
e	ı	other th		x, I certify that the o on managers and othe									
f				eceived a written det	termination f	rom the IRS	that it is a Ty	pe I, Type I	I or Type III	supporting c	rganız	atio <u>n,</u>	
_		check t		006, has the organız	ation accont	od any gift o	r contribution	from any of	tho			J	
g			g persons?	ooo, nas the organiz	апоп ассерг	ed any gift o	r contribution	nom any or	tile				
		(i) a pe	rson who dire	ectly or indirectly co	ntrols, either	alone or tog	jether with pe	rsons descri	bed in (ii)		Yes	No	
		and (III)	below, the g	overning body of the	the support	ed organizati	ion?			11g(i)			
		(ii) a fa	mıly membei	r of a person describ	ed ın (ı) abov	e?				11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)			
h		Provide	the following	g information about t	he supported	l organızatıo	n(s)						
	(i) Name suppor rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove	on in ed in rning	(v) Did you noti organizati col (i) of support	on in your	(vi) Is the organization col (i) orga in the U s	on in inized	A mo	<b>vii)</b> ount of oport?	
				(see instructions))	Yes	No	Yes	No	Yes	No			

Total

ınstructions

	Support Schedule (Complete only if y	e for Organiza	tions Describ	<b>ed in IRC 170</b> 7. or 8 of Part	)(b)(1)(A)(iv) I.)	and 17	′0(b)(:	1)(A)(vi)	
S	ection A. Public Support			. ,	/				
	endar year (or fiscal year beginning	(-) 200F	(1) 2006	(-) 2007	(4) 2000	(-) 2		/5\ T. I	_ 1
	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	2009	<b>(f)</b> ⊤ot	aı
1	Gifts, grants, contributions, and								
	membership fees received (Do not	:							
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organızatıon'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	<b>Total.</b> Add lines 1 through 3								
5	The portion of total contributions b	У							
	each person (other than a								
	governmental unit or publicly								
	supported organization) included o	n							
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
_	(f)	_							
6	<b>Public Support.</b> Subtract line 5 from line 4	1							0
	ection B. Total Support							1	
	ection B. Total Support endar year (or fiscal year beginning		1	I					
Cai	, , , , , ,	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Tota	al
-	in)								
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								0
	securities loans, rents, royalties and income from similar								· ·
	sources								
9	Net income from unrelated								
9	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
10	IV ) Do not include gain or loss								
	from the sale of capital assets								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activit	ies, etc (See ins	tructions )	•	•	12			
13	First Five Years If the Form 990 is	for the organizat	ion's first second	I third fourth or	fifth tay year as a		3) organ	ızatıon	
13	check this box and <b>stop here</b>	ior the organizat	ion's mist, second	i, tillia, louitii, oi	ilitii tax yeal as a	301(0)(.	)) organi	Zation,   <b>▶</b>	
	check this box and stop here							-,	
	ection C. Computation of Pu	blic Support F	Percentage						
14	Public Support Percentage for 200			11 column (f))		14			0 %
	-	•		11 column (1))			<del></del>		0 70
15	Public Support Percentage for 200	18 Schedule A, Pa	irt II, line 14			15			
16a	<b>33 1/3% support test—2009.</b> If the	e organızatıon dıd	not check the bo	x on line 13, and	line 14 is 33 1/39	% or more	, check	this box	
	and <b>stop here.</b> The organization qu	alıfıes as a public	ly supported orga	anızatıon				<b>►</b> □	
b	33 1/3% support test—2008. If the	e organızatıon dıd	not check the bo	x on line 13 or 10	6a, and line 15 is	33 1/3%	or more	, check this	
	box and <b>stop here.</b> The organization	n qualifies as a p	ublicly supported	organızatıon				<b>▶</b> -	
17a	10%-facts-and-circumstances test	_							
	is 10% or more, and if the organiza			•		-	•		
	ın Part IV how the organization me	ets the "facts and	d cırcumstances"	test The organiz	zatıon qualıfıes as	a publicl	y suppo		
	organization							<b>►</b> □	
b	10%-facts-and-circumstances test	-							
	15 is 10% or more, and if the orga			•		-			
	Explain in Part IV how the organiza	ation meets the "1	acts and circums	tances" test The	e organızatıon qua	lifies as	a publicl		
	supported organization							<b>▶</b> □	
18	Private Foundation If the organiza	tion did not check	ca box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and	see		

**►**□

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A.	Public Support			•			
Cale	ndar year	(or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> ⊤otal
1	members	ants, contributions, and ship fees received (Do not	226,30	0 273,126	309,985	47,921	153,217	1,010,54
2	Gross re merchan performe any activ	iny "unusual grants") ceipts from admissions, dise sold or services d, or facilities furnished in vity that is related to the tion's tax-exempt	245,65	4 178,270	2,657	347,864	1,370,437	2,144,88
3	Gross re are not a	ceipts from activities that n unrelated trade or						
4	Tax reve organizat	under section 513 nues levied for the tion's benefit and either r expended on its						
5	The valu furnished	e of services or facilities d by a governmental unit to nization without charge						
6	Total. A d	ld lines 1 through 5	471,95	4 451,396	312,642	395,785	1,523,654	3,155,43
7a		included on lines 1, 2, ceived from disqualified						
b	received disqualifi the great	included on lines 2 and 3 from other than led persons that exceed ler of \$5,000 or 1% of the on line 13 for the year						
c		5 7a and 7b						
8	from line	•						3,155,43
		Total Support			1	Т		
Cale	ndar year	(or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	( <b>e)</b> 2009	<b>(f)</b> Total
9	A mounts	from line 6	471,954	451,396	312,642	395,785	1,523,654	3,155,43
10a	Gross ind dividends securitie	come from interest, s, payments received on s loans, rents, royalties me from similar	833	1,645	2,342	1,704	2,657	9,18
b	ıncome (	d business taxable less section 511 taxes) inesses acquired after 1975						
С		s 10a and 10b	833	1,645	2,342	1,704	2,657	9,18
11	business in line 10	me from unrelated activities not included b, whether or not the is regularly carried on						
12	Other ind gain or lo	come Do not include oss from the sale of ssets (Explain in Part						
13	Total sup	port (Add lines 9, 10c,						3,164,61
14		2)  • Years If the Form 990 is to box and stop here	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	  a 501(c)(3) organ	
		•	lia Camara I D					- 1
		Computation of Pub			12 column (5)			
15		pport Percentage for 2009	-		13 column (f))		15	99 710 %
16 	Public su	pport percentage from 200	08 Schedule A, P	art III, line 15			16	99 630 %
		Computation of Inv						
17	Investme	ent income percentage for :	<b>2009</b> (line 10c co	olumn (f) divided b	y line 13 columr	n (f))	17	0 290 %
18	Investme	ent income percentage fron	n <b>2008</b> Schedule	A, Part III, line 1	7		18	0 370 %
19a		support tests—2009. If the n 33 1/3%, check this box					than 33 1/3% and	line 17 is not

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493136065981

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

ernal F	evenue Service Attach to Fe	orm 990. ► See separate instructions.			Tusbec	tion
	e of the organization JO SCHOOLS FOUNDATION		Emp	loyer identificati	on numbe	er
JOINE	JO SCHOOLS FOUNDATION		02-	0705355		
Par	Organizations Maintaining Donor A	dvised Funds or Other Similar F	_		Comple	te if the
	organization answered "Yes" to Form 99	T .				
		(a) Donor advised funds	(	( <b>b)</b> Funds and oth	ner accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or adv	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit				┌ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	Preservation of a c	ertıfıe	d historic structu	ıre	
				Held at the E	nd of the	Year
	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year • Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds	ation easement is located <b>F</b>			┌ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ients d	uring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durin	g the year ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial		•		
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in fu			е,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan	. —		
	Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$		
	· , ·					

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co		•				•				<b>S</b> (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	_		-		e of its collec	tion		
а	Public exhibition		d	Γ	Loan	orexcha	inge prog	rams				
b	Scholarly research		e	Γ	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	y furth	er the or	ganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıs	torıcal	treasure	es or othe	rsımı	lar			
	assets to be sold to raise funds rather than t	o be maintained as	part o	fthe	organ	ızatıon's	collection	۱?		<b>┌</b> Y	es	Г No
Par	Part IV, line 9, or reported an an						answere	d "Y€	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions or	other ass	ets n	ot	<b>┌ Y</b>	es	Г No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	able		Г					
								_	Α	moun	t	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Y	es	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pai	rt V Endowment Funds. Complete											
_		(a)Current Year 60,710	(b)	Prior '	rear	(c)Two	Years Back	(d)⊺ 	hree Years Back	(e)F	our Ye	ars Back
1a	Beginning of year balance							+				
b	Contributions	10,000						+				
С	Investment earnings or losses	2,657						+				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	73,367										
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment • 100.000 %											
c	Term endowment -											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat a	are hel	d and ad	mınıstere	d for t	he			
	organization by	J									Yes	No
	(i) unrelated organizations									(i)		N o
	(ii) related organizations								· · · —	(ii)		N o
	If "Yes" to 3a(II), are the related organizatio							•	3	Ь		
4	Describe in Part XIV the intended uses of th					100 B		4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S				I '		Γ			
	Description of investment					or other estment)	( <b>b)</b> Cost or basis (ot		(c) Accumula depreciatio		( <b>d</b> ) B	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment		•									
_e	Other		<u> </u>									
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	, line	10(c).	)			. <u>.</u> ►			
									Schedule	D (Fo	rm 99	90) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,462,292
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,321,119
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	141,173
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	141,173
Part	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,462,292
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,462,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	1,462,292
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	<b>1</b>	1,535,174
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,535,174
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,535,174
	t XIV Supplemental Information	-	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Pt X		EARNINGS FROM THE PERMANENT ENDOWMENT FUND ARE
		USED

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DLN: 93493136065981

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number CONEJO SCHOOLS FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	
	1 (	Gross revenue						
Ses	2 (	Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (	Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			<b>.</b>			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
Ь		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493136065981 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

Internal Revenue Service   Name of the organization						Employer identifica	Trispection
CONEJO SCHOOLS FOUNDA	TION					02-0705355	
Part I General Infor	mation on Gra	nts and Assistance					
the selection criteria use  Describe in Part IV the o	ed to award the grain organization's proce	substantiate the amount of t nts or assistance? edures for monitoring the us	e of grant funds in the	United States			ΓYes ΓΙ
Form 990, Part	IV, line 21 for ar	e <b>to Governments and</b> ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
3 Enter total number of a	ction E01/a\/2\ ===	d government ergenizations					
2 Enter total number of sec	crion 201(c)(3) and	d government organizations					

Enter total number of other organizations . . . .

Part III	<b>Grants and Other Assist</b>	ance to Individ	uals in the United	l States.	Complete if the or	ganızatıon	answered '	'Yes" to	Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 99	0) if additional sp	ace is needed.								

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

	Part IV	Supplemental Information	Complete this pa	art to provide the	information req	uired in Part I,	line 2	and any	other additional information.	
--	---------	--------------------------	------------------	--------------------	-----------------	------------------	--------	---------	-------------------------------	--

Ident if ier	Return Reference	Explanation
Pt I Line 2		FUNDS ARE MONITORED BASED ON THE STIPULTIONS OF THE GRANT REQUESTS FOR CONSUMABLE REIMBURSEMENTS ARE VERIFIED TO ENSURE THE EXPENDITURE IS WITHIN WHAT IS ALLOWED PER THE GRANT ALL LABOR COST REIMBURSEMENTS ARE PREAUTHOR- IZED BASED ON THE GRANT SPECIFICATIONS

Software ID: Software Version:

**EIN:** 02-0705355

Name: CONEJO SCHOOLS FOUNDATION

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As Filed Data -

DLN: 93493136065981

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

**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.

Open to Public Inspection

Name of the organization CONEJO SCHOOLS FOUNDATION

Employer identification number

02-0705355

ldentifier	Return Reference	Explanation
Pt XI, Line 1		CHANGING METHOD OF ACCOUNTING TO OVER ALL ACCRUAL METHOD

ldentifier	Return Reference	Explanation
Pt XI, Line 1		FROM CASH METHOD SEE ATTACHED FORM 3115

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11A		THE TREASURER, DIRECTOR, AND ONE OTHER BOARD MEMBER

Identifier	Return Reference	Explanation
		REIVEW THE 990 BEFORE IT IS SUBMITTED FOR FILING

ldentifier	Return Reference	Explanation
Pt V, Line 3b		THERE IS NO UNRELATED BUSINESS INCOME

Form **3115** 

## **Application for Change in Accounting Method**

OMB No 1545-0152

Department of the Treasury Internal Revenue Service		oution ion onlying		g				
	arent corporation if a	consolidated group) (see instruc	ctions)	Identification number	er (see instr	uctions)		
CONEJO SCHOOLS	FOUNDATION							
				Principal business acti	vity code num	nber (see insti	ructio	ns)
	nor suite no lf a PO	box, see the instructions		Tax year of change be	gins (MM/DD/	YYYY) 07	7-01-2	2009
1400 JANSS RD				Tax year of change ends (MM/DD/YYYY) 06-30-2010				
City or town, state, and	ZIP code			Name of contact perso	n (see instruc	ctions)		
THOUSAND OAKS, (	CA 91362			LAURIE LAM				
Name of applicant(s) (if	different than filer) ar	nd identification number(s) (see in	struction	s)	Contact per	son's telepho	ne nu	ımber
If the applicant is a m	ember of a consoli	dated group, check this box				▶ ┌		
If Form 2848, Power of	of Attorney and Dec	laration of Representative, is				<b>▶</b> ┌		
Check the box to indi	cate the type of a	oplicant.		Check the appropri				
┌ Indıνdual		Cooperative (Sec 1381)		of accounting meth	od change l	being reque	sted	
Corporation		Partnership		(see instructions)				
Controlled foreign	corporation	☐ S corporation		☐ Depreciation or A	mortization			
(Sec 957)		☐ Insurance co (Sec 816(a	a))	Financial Produc		ancial Activ	ities	of
□ 10/50 corporation (	Sec 904(d)(2)(E))	☐ Insurance co (Sec 831)		Financial Instituti	ons			
Qualified personal		☐ Other (specify) ►		Other (specify) ►	OVERALL O	CASH TO AC	CCR	
corporation (Sec 4								
Exempt organization		tion ► 501(C)3CORP quested change in method of acc						
its instructions), as well The taxpayer must at	as any other informa tach all applicable s	tion that is not specifically requesupplemental statements re	sted			5 FOIII 5 1 15 (		No
		Change Request	<b>.</b>		_1_1_		res	INO
Enter only one de published by the	signated automati IRS If the requested provide both a de	omatic accounting method cl c accounting method change ed change has no designated escription of the change and d	numb d autom	er, except as provided natic accounting meth	d for in guida nod change	ance number,		
	<u>2</u> (b) Other  ☐ Descr							
-	•	cribed in section 4 02 of Rev			iatic consen	t to be		
		ested change? If "yes", attach				•		X
	on For All Reque	art IV, and also Schedules A	unougi		nicable)		Yes	No
		gage in the trade or business	s to wh	ich the requested cha	ange relates	or	103	100
• •		ar of change? (see instruction						X
4a Does the applica	nt (or any present o	or former consolidated group	ın whic	ch the applicant was	a member d	urıng		
the applicable tax If "No," go to line s		Federal income tax return(s)	under	examınatıon (see ıns	tructions)?			X
. •		licant is requesting to change	e an is:	sue (with respect to e	ither the app	olicant		
or any present or	former consolidate	ed group in which the applica	int was	a member during the	e applicable	tax		
year(s)) either (i)	under consideratio	n or (II) placed in suspense	(see in	structions)? .				
knowledge and belief, the ap	plication contains all the	Signature (see in mined this application, including according relevant facts relating to the applications and the second relations of the second relat	mpany ing	g schedules and statements		-		
(other than applicant) is base	ed on all information of v	which preparer has any knowledge		Preparer (other	than filer/a	pplicant)		
	****** 2011-05-1	5		i ropuror tomer	man mena	ppiiouiit <i>j</i>		
CONEJO SCHOOLS FOUN	Signature and date DATION			ignature of individual pro	eparing the ap	plication and	date	
Na	me and title (print or t			ame of individual prepari I K WALTERS CPA	ng the applicat	tion (print or t	type)	

Name of firm preparing the application

Pa	rt II	Information For All Requests (continued)	Yes	No
4c	Is the	e method of accounting the applicant is requesting to change an issue pending (with respect to either the		
		cant or any present or former consolidated group in which the applicant was a member during the applicable		
	taxy	ear(s)) for any tax year under examination (see instructions)?		
d	Is the	e request to change the method of accounting being filed under the procedures requiring that the operating		
		ion director consent to the filing of the request (see instructions)?		
	If "Ye	s," attach the consent statement from the director		
е		e request to change the method of accounting being filed under the 90-day or 120-day window period? .		
		s," check the box for the applicable window period and attach the required statement (see instructions)		
	☐ 9C			
f	-	answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	-	(s) under examination		
~	Nam	e ► Telephone number ► Tax year(s) ► a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
_		s the applicant (or any present or former consolidated group in which the applicant was a member during		
Ja		pplicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		Х
		s," enter the name of the (check the box)		
		the tax year(s) before Appeals and/or a Federal court		
	Nam			
b		a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	i i	
		ne 5a?		
C	Is the	e method of accounting the applicant is requesting to change an issue under consideration by Appeals		
	and/	or a Federal court (for either the applicant or any present or former consolidated group in which the applicant		
		a member for the tax year(s) the applicant was a member)?		
6		applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
		h a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d)		
		ear(s) during which		
	the a	pplicant was a member that is under examination, before an Appeals office, and/or before a Federal court		
7	lf, for	federal income tax purposes, the applicant is an entity (including a limited liability company) treated as a		
		iership, S corporation, or a foreign corporation, is it requesting a change from a method of accounting that is an		
	ıssu	e under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal		
		ne tax return of a partner, member, or shareholder of that entity?		
		s," the applicant is <b>not</b> eligible to make the change		
8a		s the applicable revenue procedure (advance consent or automatic consent) state that the applicant will not		
		ve audit protection for the requested change (see instructions)?		X
b	If "Ye	s," attach an explanation		
9a	Has	the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	-	edure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		
	•	ıdıng the year of the requested change)?		
b		s," for each trade or business, attach a description of each requested change in method of accounting		
		uding the tax year of change) and state whether the applicant received consent		
С	_	y application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	_	ed and returned to the IRS, or if the change was not made or not made in the requested year of change, attach		
10a		xplanation is the applicant, its predecessor, or a related party currently have pending any request (including any		
ıva				
h		urrently filed request) for a private letter ruling, change in method of accounting, or technical advice? s," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
IJ		of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
		e request(s)		
11		e applicant requesting to change its <b>overall</b> method of accounting?	X	
		s," check the appropriate boxes below to indicate the applicant's present and proposed methods of		
		unting Also, complete Schedule A on page 4 of this form		
	Pres	ent method:		
	Prop	osed method:		

		1	T
	rt II Information For All Requests (continued)	Yes	No
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of		
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and		
_	complete description for each of the following		
	The item(s) being changed  The applicant's present method for the item(s) being changed		
	The applicant's present method for the item(s) being changed  The applicant's proposed method for the item(s) being changed.		
	The applicant's proposed method for the item(s) being changed  The applicant's present overall method of accounting (cash, accrual, or hybrid)		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal		
	business activity code for each. If the applicant has more than one trade or business as defined in		
	Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that		
	generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements?		
	For insurance companies, see the instructions	X	
	If "No," attach an explanation		$\vdash$
152	i Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization	ı.	
	merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing	- 1	
	of the year under section 381(b)(1)?		
h	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying		$\vdash$
~	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of		
	distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to		
	the change(s) requested in this application		
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse		
	response?		X
17	If the applicant is changing to either the overall cash method or an overall accrual method, or is changing its method	d	
	of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories		
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change		
	1st preceding 2nd preceding 3rd preceding		
	year ended mo yr year ended mo yr year ended mo yr		
	\$ 395,785		<u> </u>
Pa	rt III Information For Advance Consent Request	Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		
	other published guidance as an automatic change request?		
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent		
	request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include		
	a detailed and complete description of the facts that explains how the law specifically applies to the applicant's		
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority		
	(statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a		
	discussion of the contrary authorities or a statement that no contrary authority exists		
	Attach a copy of all documents related to the proposed change (see instructions)		
	Attach a statement of the applicant's reasons for the proposed change		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
	If "No," attach an explanation		
	Enter the amount of <b>user fee</b> attached to this application (see instructions)   \$		
k	olf the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)		
			<u> </u>
Pa	rt IV Section 481(a) Adjustment	Yes	No
24	Does the applicable revenue procedure require the applicant to implement the requested change in method of		
	accounting on a cut-off basis rather than a section 481(a) adjustment?		X
	If "Yes," do not complete lines 25, 26, and 27 below		
25	Enter the section 481(a) adjustment Indicate whether the adjustment is an increase (+) or a decrease (-) in		
	income 🕨 \$ Attach a summary of the computation and an explanation of the		
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show		
	the computation for each component. If more than one applicant is applying for the method change on the same		
	application, attach a list of the name, identification number, principal business activity code (see instructions),		
	and the amount of the section 481(a) adjustment attributable to each applicant		

Fo	rm 3115 (Rev 12-2009)		Р	age 4
Р	art IV Section 481(a) Adjustment (continued)	Υ	es	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to	o take		
27	the entire amount of the adjustment into account in the year of change?			
21	group, a consolidated group, a controlled group, or other related parties?			
	If "Yes," attach an explanation			
	chedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed)		
P	art I Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "No attach a statement providing a breakdown of the amounts entered on lines 1a through 1g			
	a locame accrued but not recound (such as accounts recountle)	Amount	2′	2,450
	a Income accrued but not received (such as accounts receivable)		-34	2,450
	the income and the legal basis for the proposed method			NONE
	<b>c</b> Expenses accrued but not paid (such as accounts payable)			1,162
	d Prepaid expenses previously deducted			NONE
	e Supplies on hand previously deducted and/or not previously reported			NONE
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.		1	NONE
	g Other amounts Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment		1	NONE
	h Net section 481(a) adjustment (Combine lines 1a-1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount in Part IV on line 25	i	58	8,712
	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet the close of the tax year preceding the year of change. Also attach a statement specifying the accounting n preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules su Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amout through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, a explaining the differences.	method used ubmitted with unts in Part I, I	wh the ine	en s 1a
Р	art II Change to the Cash Method For Advance Consent Request (see instructions)			
1	pplicants requesting a change to the cash method must attach the following information  A description of inventory items (items whose production, purchase, or sale is an income-producing facto and supplies used in carrying out the business  An explanation as to whether the applicant is required to use the accrual method under any section of the regulations	•	als	
<u>S</u>	chedule B-Change to the Deferral Method for Advance Payments (see instructions)			
1	If the applicant is requesting to change to the deferral method for advance payments described in section 2004-34, 2004-1 C B 991, attach the following information	5 02 of Rev	Pro	С
	a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-3	34		
	b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information requi(3)(a)-(c) of Rev Proc 2004-34	uıred by sectı	on <sub>'</sub>	8 02
	c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required (a)-(f) of Rev Proc 2004-34	l by section 8	03	(2)
2	If the applicant is requesting to change to the deferral method for advance payments described in Regular 5(b)(1)(ii), attach the following	itions section	1 4	∤51-
	a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(	(1)		
	b A statement explaining what portions of the advance payments, if any, are attributable to services, whether integral to the provisions of goods or items, and whether any portions of the advance payments that are at integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)	ttributable to a a)(2)(i) and (3	non 3)	1-
	c A statement explaining that the advance payments will be included in income no later than when included purposes of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)	l in gross rec	eıpt	s for

d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

#### Schedule C-Changes Within the LIFO Inventory Method (see instructions)

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current year cost of goods in the ending inventory (e.g., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a A description of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

10111 3113 (KeV 12-2009)			Page <b>b</b>
Schedule D-Change in the Treatment of Long-Term Contracts Under Sec Section 263A Assets (see instructions)	tion 460, Inve	ntories, or Ot	her
Part I Change in Reporting Income From Long-Term Contracts (Also co	omplete Part III	on pages 7 an	id 8 )
1 To the extent not already provided, attach a description of the applicant's present and expenses from long-term contracts. Also, attach a representative contract for construction contractor, attach a detailed description of its construction activities.		•	-
<ul> <li>2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) or b. If "Yes," do all the contracts qualify for the exception under section 460(e) (see in lift line 2b is "No," attach an explanation</li> </ul>	structions)?		
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completic under Regulations section 1 460-4(b)?		·	Yes ┌ No
d If line 2c is "No," is the applicant requesting to use the exempt-contract percenta under Regulations section 1 460-4(c)(2)?	ull use to deterr	Г mine a	Yes ┌ No
<ul> <li>3a Does the applicant have long-term manufacturing contracts as defined in section</li> <li>b If "Yes," attach an explanation of the applicant's present and proposed method(secontracts)</li> <li>c Attach a description of the applicant's manufacturing activities, including any requirement.</li> </ul>	s) of accounting	for long-term m	•
		ii oi iiiaiiulactui	eu goous
4 To determine a contract's completion factor using the percentage-of-completion a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b) b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see	?	•	Yes ┌ No
		, , ,	Yes ┌ No
5 Attach a statement indicating whether any of the applicant's contracts are either contracts or Federal long-term contracts	cost-plus long-	term	
Part II Change in Valuing Inventories Including Cost Allocation Change	s (Also comple	ete Part III on p	ages 7 and 8)
<ul> <li>Attach a description of the inventory goods being changed</li> <li>Attach a description of the inventory goods (if any) NOT being changed</li> <li>Is the applicant subject to section 263A? If "No," go to line 4a</li> <li>Is the applicant's present inventory valuation method in compliance with section "No," attach a detailed explanation</li></ul>		ructions)? If	Yes ┌ No
4a Check the appropriate boxes below	Inventory Be	eing Changed	Inventory Not Being Changed
Identification methods	Present method	Proposed method	Present method
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods			
Cost			
Retail cost			
Other (attach explanation)			
<b>b</b> Enter the value at the end of the tax year preceding the year of change			
5 If the applicant is changing from the LIFO inventory method to a non-LIFO metho	d attach the fol	lowing informati	ion (see
instructions)  a Copies of Form(s) 970 filed to adopt or expand the use of the method  b Only for applicants requesting advance consent. A statement describing wheth required by Regulations section 1 472-6(a) or (b), or whether the applicant is pro-	ner the applicar	nt is changing to ent method	the method
c Only for applicants requesting an automatic change. The statement required be of Rev Proc 2008-52 (or its successor)	ysection 22 01	(5) of the Apper	ıaıx

Part III

**Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)

#### **Section A-Allocation and Capitalization Methods**

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B-Direct and Indirect Costs Required To Be Allocated Check the appropriate boxes in showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

_		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	The state of the s		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	` , , , , ,		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs )		

Forr	n 3115 (Rev 12-2009)		Page <b>8</b>			
Pa	rt III Method of Cost Allocation (see instructions) (continued)					
Section C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its						
method for these costs )						
		Present method	Proposed method			
1	Marketing, selling, advertising, and distribution expenses					
2	Research and experimental expenses not included in Section B on line 26 above					
3	Bidding expenses not included in Section B on line 22 above					
4	General and administrative costs not included in Section B above					
5	Income taxes					
6	Cost of strikes					
7	Warranty and product liability costs					
8	Section 179 costs					
9	On-site storage					
10	Depreciation, amortization, and cost recovery allowance not included in Section B on					
	line 11 above					
11	Other costs (Attach a list of these costs )					
	hedule E-Change in Depreciation or Amortization (see instructions)		L			
App Not und and 1 2	blicants requesting approval to change their method of accounting for depreciation or amortizated blicants must provide this information for each item or class of property for which a change is respective. See the List of Automatic Accounting Method Changes in the instructions for information respections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with delection revocations (see instructions).  Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii). Is any of the depreciation or amortization required to be capitalized under any Code section (e. 263A)?  If "Yes," enter the applicable section.  Has a depreciation, amortization, or expense election been made for the property (e.g., the election 168(f)(1)). 179, or 179C?  If "Yes," state the election made.  To the extent not already provided, attach a statement describing the property being changed by type of property, the year the property was placed in service, and the property's use in the applicance-producing activity.  If the property is residential rental property, did the applicant live in the property before renting its list the property public utility property?	quested garding automa respect to certai  g, section ction under section	tic changes in late elections  Yes No  Yes No  Tyes No  Stion Yes No  escription the eusiness or			
5	Is the property public utility property?  To the extent not already provided in the applicant's description of its present method, attach a how the property is treated under the applicant's present method (e.g., depreciable property, in 1.162-3, nondepreciable section 263(a) property, property supplies under Regulations section as a current expense, etc.)  If the property is not currently treated as depreciable or amortizable property, attach a statement the proposed change to depreciate or amortize the property	statement expla ventory property deductible	aining /,			

information for both the present (if applicable) and proposed methods

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, attach the following

- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))
- **b** The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- **d** The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

#### **Additional Data**

Software ID:

ETN

**Software Version:** 

**EIN:** 02-0705355

Name: CONEJO SCHOOLS FOUNDATION

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ 375,720 including grants of \$ ) (Revenue \$ 351,378)

PROVIDED EDUCATIONAL PROGRAMS TO STUDENTS AND PARENTS OF THE CONEJO VALLEY SPONSORED AN ALL PARENTS OF THE CONEJO VALLEY SPONSORED AN ALL