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

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

2009 Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 07/01/09 06/ 30/10 For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS Address change IMAGINE SCHOOLS NON-PROFIT, INC. label or 20-3590526 Doing Business As Name change print or type Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 1005 NORTH GLEBE ROAD 610 703-761-5000 Specific Termination City or town, state or country, and ZIP + 4 76,030,293 G Gross receipts \$ Instruc-ARLINGTON 22201 Amended return tions VA F Name and address of principal officer H(a) Is this a group return for X Application pending DENNIS W. BAKKE affiliates? H(b) Are all affiliates 1005 NORTH GLEBE ROAD ARLINGTON VA 22201 If "No," attach a list (see instructions) 3) X 501(c) Tax-exempt status ◀ (insert no ) 4947(a)(1) or Website ▶ IMAGINESCHOOLSNONPROFIT.COM/ABOUT-US/ **H(c)** Group exemption number ▶ Type of organization X 2006 Corporation VA Trust Other > M State of legal domicile Year of formation Part I Summarv Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box | if the organization discontinued its operation of the organization discontinued its operation discontinued its operation discontinued its operation Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Ϋ́ 4 4 Ö 0 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (இடுந்து) 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 998 Contributions and grants (Part VIII, line 1h) 58,154 70,313,188 1,867, 963 5,084, Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 475, 007 632. 921 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 60,497,968 76,030,293 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 17,609,313 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 24,343,631 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 40,118,086 57,629,202 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 57**,**727**,**399 81,972,833 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -5,942,540 19 Revenue less expenses Subtract line 18 from line 12 <u>2,770,569</u> Beginning of Current Year End of Year 20 Total assets (Part X. line 16) 6,790,717 10,671,783 21 Total liabilities (Part X, line 26) 648,959 ,702,844 858 031 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct of preparer (other than officer) is based on all information of which preparer has any knowle Sign Here Signature of officer Treasurer Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid selfsignature P01445797 employed > Preparer's BERMAN HOPKINS WRIGHT LAHAM CPAS ASSOC 59-1152714 EIN Firm's name (or yours Use Only 8035 SPYGLASS HILL RD if self-employed), Phone address, and ZIP + 4 MELBOURNE,

757-2020 Yes No Form **990** (2009)

4d Other program services (Des	scribe in Schedule O )		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expe	nses ► 46,938,950		
			Form <b>990</b> (2009)

Part IV **Checklist of Required Schedules** 

	•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
_	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				.,
4	candidates for public office? If "Yes," complete Schedule C, Part I		3		Х
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		<del></del>		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	14/11			<del>                                     </del>
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X_
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	_X_	L
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI				
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
	Did the organization report an amount for other assets related 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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	ļ		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	X	<del></del>
14a	, , , , , , , , , , , , , , , , , , , ,		14a		X
IJ	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		446		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		14b		<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		-13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				<del></del>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		Х
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	L	_ X
_			Forn	n <b>990</b>	(2009)

21 Dut 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), lise 1º 1º 1º 85, prompted Schedule, I. Parts I and III 22 X X United States on Part IX, column (A), line 2º 1º 1º 85, complete Schedule, I. Parts I and III 22 X X United States on Part IX, column (A), line 2º 1º 1º 85, complete Schedule, I. Parts I and III 22 X X United States on Part IX, column (A), line 2º 1º 1º 85, complete Schedule I. Parts I and III 22 X X United States on Part IX, column (A), line 2º 1º 1º 85, complete Schedule I. Parts I and III 22 X X United States on Parts IX, column (A), line 2º 1º 1º 85, complete Schedule I. Parts I and III 22 X X United States on Parts IX, column (A), line 2º 1º 1º 85, complete Schedule II 23 X X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X		,		Yes	No
20 Dut the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 If Yen, "complete Schedule I, Parts I and III 22 X significant contribution of the contribution of	21				
United States on Part IX, column (A), Inc. 27 If "Yes," complete Schedule I, Parts I and III 23 Did the organization sourcer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organizations current and former officers, direction, invisees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X Section 300,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answerines 24b through 24d and complete Schedule II. If No." go to lare 25 December 31, 2002? If "Yes," answerines 24b through 24d and complete Schedule II. If No." go to lare 25 December 31, 2002? If "Yes," answerines 24b to 00 the organization mixed an an escrow account other than a refunding escrow at any time during the year 2 Did the organization mixed an an escrow account other than a refunding escrow at any time during the year 2 Did the organization and as an in or helial of it issuer for bonds outstanding at any time during the year? 2 Did the organization and as an in or helial of it issuer for bonds outstanding at any time during the year? 2 Did the organization and as an in or helial of it issuer for bonds outstanding at any time during the year? 2 Did the organization and as an in or helial of it issuer for bonds outstanding at any time during the year? 3 Did the organization and as an individual of the organization and as a proper for an approyear, and that the transaction has not been reported on any of the organization and as a proper forms 900 or 990.E27 If "Yes," complete Schedule I, Part II 2 Did the organization and a schedule I, Part II 2 Did the organization and a proper forms 900 or 300.E27 If "Yes," complete Schedule I, Part II 3 Did the organization and a proper forms 900 or 300.E27 If "Yes," complete Schedule I, Part II 3 Did the organization and a proper forms 900 or 300.E27 If "Yes," complete Schedule I, Part II 3 Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee, highly compensated employee,		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
20 Dut the organization answer "Yes" to Part VII. Section A, line 3.4, or 5 should compensation of the organization surveit and from officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Story of the organization taway a lixe-except bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002" If "Yes," answer lines 24th brough 24d and complete Schedule K. If "No", go to line 25  Dut the organization means are proceeds of faze-except bonds beyond a temporary period exception?  Dut the organization manifold and essential to defease any tax-except bonds beyond a temporary period exception?  Dut the organization and as an "in behalf of issuer for bonds outstanding escrow at any time during the year?  Dut the organization and as an "in behalf of issuer for bonds outstanding escrow at any time during the year?  Dut the organization and as an "in behalf of issuer for bonds outstanding at any time during the year?  Dut the organization and as an "in behalf of issuer for bonds outstanding escrow at any time during the year?  Dut the organization and as an "in behalf of issuer for bonds outstanding escrow at any time during the year?  Dut the organization and the transactions. Dut the organization engage in an excess benefit transaction with a disqualified person in a profession during the year? If "Yes," complete Schedule L, Part II  Dut the organization and the transaction has not been reported on any of the organization with a disqualified person in a profession during the year?  Dut the organization and the transaction that not one reported on any of the organization sport or profession and the profession of the organization is an excess benefit transaction with an exception profession and the p	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$150,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed any notice of the same and any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person and provided the transaction has not been reported on any of the organization provide any and that the transaction has not been reported on any of the organization provide any and that the transaction has not been reported on any of the organization's proor Forms 900 or 390-E27 If "Yes," complete Schedule L, Part II 25b X 27b Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, bighly compensated employee, or disqualified person unitationally as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b Was the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?  27c Y X 28b Was the organization partly to a business transaction with one of the following parties (see Schedule L, Part II) 27c Y X 28c Y Complete Schedule L, Part III 28b Was the organization a partly to a business transaction with one of the following parties (see Schedule L, Part II) 29c Y A An entity of which a current or former officer, director, trustee, or key employee? If "Yes					
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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-E27 If "Yes," complete Schedule L, Part I 25b X  26 Was a loan to or by a current or former officer, director, flustee, 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 X  27 Did the organization provide a grant or other assistance to an officer, director, flustee, key employee, substantial contributior, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 Part IV instructions for applicable filling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 A family member) awas an officer, director, flustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 A X  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  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 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II.  33 Did the organization osell, exchange did as separate from the organization under Regulations sectio	25a				١
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b X  26 Was a loan to or by a current of 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 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X Lurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash continuous? If "Yes," complete Schedule L, Part IV 28c X 29c X 29c X 20c X 29c X 20c			25a		X
990-EZ? If "Yes," complete Schedule L, Part I	b				
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If "Yes," complete Schedule L, Part III  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)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  6 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  7 Schedule L, Part IV  8 A family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  9 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  9 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  10 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  11 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  12 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II  13 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II  14 Did the organization related organization and v, line 1  15 Schedule R, Part V, line 2  15 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization condu	27				
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
			38	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	020			<u>'</u>	age v
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı				
	U.S. Information Returns. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table			ļ	
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	_		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			Ì		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	у				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al		l		١
	account)?			<u>4a</u>		X
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 Bar	ık				
	and Financial Accounts			_		.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a	<del> </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi Prohibited Tax Shelter Transaction?	ng				1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c	<u> </u>	┢
Vu.	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation are express statement that such contributions	or		- Va	-	
-	gifts were not tax deductible?	·		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	i				
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
_	organization, have excess business holdings at any time during the year?			8_		-
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		-
10	Section 501(c)(7) organizations. Enter	40-				1
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10a 10b		-		1
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	ַנעט		-		1
	Gross income from members or shareholders	444				1
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	· ·	-		1
J	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		<u></u>	12a		1
. <u>_u</u>	The state of the s	I		120	<del>                                     </del>	$\vdash$

- available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 JAMES MCFADDEN organization > 1005 NORTH GLEBE RD

ARLINGTON

VA 22201

703-740-2816

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

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

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

(A) Name and Title	(B) Average hours per	L	,	(chec		hat a		(D) Reportable compensation	(E) Reportable compensation	( <b>F</b> ) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
DENNIS W. BAKKE	10.00	1									
PRESIDENT	12.00	X	<del> </del>	X	_			0	200,000		
EILEEN H. BAKKE	10 00	١.,		١.,					100 000		
/P & SEC	12.00	X	┢	X	<u> </u>	┝		0	100,000		
ROGER NAILL	1 00	1,		1,7							
CHAIR HAEM	1.00	X	├	Х	<u> </u>	$\vdash$	_	0	0		
ROBERT HAFT	1 00	X		X				0	0		
ICE CHAIR CHARLES WHITAKER	1.00	╁≏	╁	^	}—	-					
OTRECTOR		X						0	o		
SARAH SLUSSER		╁≏	-	╁	-	-		<u> </u>		<del></del>	
IRECTOR		X	ļ					o	0		
JOHN RUGGIRELLO		1	$\vdash$	┢	-	$\vdash$				<del></del>	
DIRECTOR		X						0	ol		
BARRY SHARP		1		$\vdash$		$\vdash$				<del></del>	
rreasurer	10.00			X		1		ol	350,000		
	<u> </u>					İ					
			<u> </u>	<u> </u>	_	<u> </u>					
			├—	<u> </u>	<u> </u>	├	_				
		⊬	├-	├	├	-	-	<del></del>		<del></del>	
				1							
		+	├-	╁	$\vdash$	┼				<del></del>	
	l l	1	}				1				
		+	$\vdash$	-	╁					_ <del>_</del>	
			ļ		ļ						
-		$\top$	1	t	$\vdash$	$\vdash$					
	ĺ										
					$\vdash$					<del></del>	
			1								
			$\overline{}$		Π	T					
	1		1	1		1					

	, Directors, Trus	tees	, Ke	y En	plo	ees,	and	d Highest Compensated E	mployees (continued)			
`(A) Name and Title	(B) Average hours per	Average Position (ch						(D) Reportable compensation	(E) Reportable compensation	Est am	(F) imated ount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the inization related nizations	
······												
	-								-			
1b Total				<u> </u>			<u> </u>		650,000		<del></del>	
Total number of individuals (in-	cluding but not lim	ııted	to th	ose	liste	d abo	_	who received more than \$10	•			
reportable compensation from	the organization I	<u> </u>	2									
3 Did the organization list any fo employee on line 1a? If "Yes,"							loye	ee, or highest compensated		3	Yes	No X
4 For any individual listed on line the organization and related or individual										4	X	
5 Did any person listed on line 1 services rendered to the organ	nization? If "Yes,"		•				•	•		5		Х
Section B. Independent Contract     Complete this table for your five compensation from the organic	e highest comper	nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of			-
Name and	(A) d business address							Descrip	(B) tion of services		(C) Compensa	ition
IMAGINE SCHOOLS INC ARLINGTON	VA	. 2	22		100	15 N	1	RTH GLEBE ROAD MANAGEMENT SVC	:s			6,981
								<u> </u>				
					<del></del>				<u>.</u>			
<del>3</del>												
2 Total number of independent of		_				to th	ose	listed above) who received				
more than \$100,000 in compe	nsation from the o	orgar	nzatı	on 🕨						F	1 orm <b>990</b>	(2009)

		III Statement of Pove		, MON	LUOLII	INC.	20-3590526		Page
rai	rt V	III _ Statement of Reve	enue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1a				10101120	<del></del>	312, 310, 3131
Contributions, gifts, grants and other similar amounts		Membership dues	1b	•					
ᅙ		Fundraising events	1c						
##		Related organizations	1d						
S,		_	1e	70	091,907		i		
<u>8</u> 8		Government grants (contributions)	1e	70,	091,907				
돌림	'	All other contributions, gifts, grants, and similar amounts not included above	اءدا		221,281				
풀힘	_		1f		221,201				
등등	-	Noncash contributions included in lines 1a-	1f \$			70 212 100			
	n	Total. Add lines 1a-1f			<b>P</b>	70,313,188	<del></del>		
ğ	٥.			}	Busn. Code	2 022 672	2 022 672		1
8	2a	OTHER LOCAL REVENUE		ŀ		3,033,673	3,033,673		-
ا بھ ا	b	BAC REVENUE				817,651	817,651		
.≅	С	FOOD SERVICE				563,301	563,301		<del> </del>
န္	d	PRE-K PROGRAM				497,490	497,490		
гаш	е	SCHOOL COURSE CLASS				153,099	153,099		
Program Service Revenue		All other program service reven	nue	l		18,970	18,970		<del> </del>
-		Total. Add lines 2a-2f			<u> </u>	5,084,184			
- 1	3	Investment income (including d	lividends	, interest	, and				
		other similar amounts)			▶				
ľ	4	Income from investment of tax-	exempt I	bond pro	ceeds 🕨 📙				<u> </u>
	5	Royalties			<b>&gt;</b>				
		(ı) Real		(II) Po	ersonal				
	6a	Gross Rents 632,	, 921						
ĺ	b	Less rental exps							
	С	Rental inc or (loss) 632,	,921						
		Net rental income or (loss)			<b>&gt;</b>	632,921	632,921		
	/ d	Gross amount from (i) Securities	s	(11)	Other				•
1		other than inventory							
İ	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
ł	đ	Net gain or (loss)	_		<b>•</b>				
	8a	Gross income from fundraising ever	nts						
Ĭ.		(not including \$							
8		of contributions reported on line 1c)			1				
ا ي		See Part IV, line 18	a						
Other Revenue	b	Less direct expenses	b _						
9	С	Net income or (loss) from fundr	aising ev	vents	<b>&gt;</b>				
	9a	Gross income from gaming activities	s [					<u> </u>	
		See Part IV, line 19	a _						
	b	Less direct expenses	ь[						
		Net income or (loss) from gami	ng activi	ties	<b>•</b>				
	10a	Gross sales of inventory, less							
1		returns and allowances	a						
	b	Less cost of goods sold	ь				j		
		Net income or (loss) from sales	of inver	ntory	<b>&gt;</b>				
		Miscellaneous Revenue			Busn. Code	-			
Ī	11a								
Ì	b								
	С			ļ					
- 1		All other revenue							
	d			1					
	-	Total. Add lines 11a-11d		l	<b>•</b>				

Form 990 (2009)

#### Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  Do not include amounts apported on lines 6b.  (A)  (B)  (C)  (D)												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and		0,40,1000	ganara expenses	0.0011303								
•	organizations in the U.S. See Part IV, line 21												
2	Grants and other assistance to individuals in												
-	the U.S. See Part IV, line 22												
3	Grants and other assistance to governments,												
•	organizations, and individuals outside the												
	U S See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
v	trustees, and key employees		ľ										
6	Compensation not included above, to disqualified												
Ü	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	ļ		ļ									
7		21,121,724	18,211,254	2,910,470									
7	Other salaries and wages Pension plan contributions (include section 401(k)	21,121,124		2, 510, 470									
8	and section 403(b) employer contributions)												
٥	Other employee benefits	2,399,305	2,032,515	366,790									
9 10	• •	822,602	722,355	100,247									
10	Payroll taxes Fees for services (non-employees)	022,002	122,333	100,247									
11	` ' ' '	8,833,801	1,476,491	7,357,310									
a	Management	0,000,001	1,470,491	1,001,010	<del></del>								
b	Legal			<del></del>									
C 	Accounting			<del></del>	<u> </u>								
d	Lobbying Professional fundraising services, See Part IV, line 17												
e	Professional fundraising services See Part IV, line 17			<del></del>									
f	Investment management fees	2,180,137	600,485	1,579,652									
g 12	Other	96,789	3,762	93,027									
12	Advertising and promotion	82,695	72,779	9,916									
13	Office expenses	02,093	12,119	9,910									
14	Information technology												
15	Royalties	17,438,897	5,696,096	11,742,801									
16	Occupancy	139,736	65,852	73,884									
17	Travel	130,730	05,052	73,004	<del></del>								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials												
40	Conferences, conventions, and meetings			<del></del>	_ <del>_</del> -								
19		177,687		177,687									
20	Interest	111,007		1//,00/									
21	Payments to affiliates	883,404	615,041	268,363									
22	Depreciation, depletion, and amortization	386,328	013,041	386,328									
23	Insurance	300,328		300,328									
34	Other evenence, Itemus evenence and												
24	Other expenses Itemize expenses not		l										
	covered above (Expenses grouped together												
	and labeled miscellaneous may not exceed												
_	5% of total expenses shown on line 25 below )	14,110,409	14,110,409										
a	DIRECT EDUCATIONAL EXP	8,396,166	14,110,409	8,396,166									
b	OTHER GENERAL AND ADMIN	1,251,324	1,057,605	193,719									
С.	SUPPLIES												
d	MISCELLANEOUS	1,087,072	432,093	654,979									
e	EQUIPMENT, SOFTWARE, ETC.	780,182	769,494	10,688									
f	All other expenses	1,784,575	1,072,719	711,856	<del></del>								
25	Total functional expenses. Add lines 1 through 24f	81,972,833	46,938,950	35,033,883									
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the												
	organization reported in column (B) joint costs		1										
	from a combined educational campaign and												
DAA	fundraising solicitation	<u> </u>			- 000								
DAA					Form <b>990</b> (2009								

	art X	( 'Balance Sheet	<u> </u>	., INC. 20	<u>-3590526</u>		Page 11
	,				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		<del>-</del>	3,660,776	1	5,408,796
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			182,342	3	9,485
	4	Accounts receivable, net			119,911	4	346,592
	5	Receivables from current and former officers, directors, tr	ustees	. kev			
		employees, and highest compensated employees Compl		-			
	l	Schedule L				5	
	6	Receivables from other disqualified persons (as defined u	nder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(E					
	ĺ	Part II of Schedule L	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	
ţţ	7	Notes and loans receivable, net			298,799	7	946,933
Assets	8	Inventories for sale or use			230/133	8	3107300
ĕ	9	Prepaid expenses and deferred charges		ŀ	258,914		639,502
		Land, buildings, and equipment cost or	F				000/002
		other basis Complete Part VI of Schedule D	10a	4,996,318			
	h	Less accumulated depreciation	10b	1,898,095	2,025,264	10c	3,098,223
	11	Investments—publicly traded securities		170307030	2/020/201	11	3/030/223
	12	Investments—other securities See Part IV, line 11		ļ		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			244,711	15	222,252
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,790,717		10,671,783
_	17	Accounts payable and accrued expenses			3,274,464		5,726,842
	18	Grants payable			3/2/1/101	18	07.207012
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of	Schedi	de D		21	
Liabilities	22	Payables to current and former officers, directors, trustee					
₩		employees, highest compensated employees, and disqua	_				
<u>.e</u>		persons Complete Part II of Schedule L	iiica			22	
_	23	Secured mortgages and notes payable to unrelated third i	narties			23	
	24	Unsecured notes and loans payable to unrelated third par				24	
	25	Other liabilities Complete Part X of Schedule D			4,374,495	_	11,976,002
	26	Total liabilities. Add lines 17 through 25			7,648,959		17,702,844
S		Organizations that follow SFAS 117, check here ▶ 🄀	and				1177027011
Ö		complete lines 27 through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			-1.713.612	27	1.556.597
껿	28	Temporarily restricted net assets			-1,713,612 855,370	28	1,556,597 -8,587,658
0	29	Permanently restricted net assets			33073.0	29	
듬		Organizations that do not follow SFAS 117, check her	e 🕨 [	-]			<del></del>
F		and complete lines 30 through 34	ι.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
eţ	31	Paid-in or capital surplus, or land, building, or equipment to	fund			31	
SS	32	Retained earnings, endowment, accumulated income, or		ınds		32	
Ť.	33	Total net assets or fund balances			-858,242		-7,031,061
Se	34	Total liabilities and net assets/fund balances			6,790,717		10,671,783
	,		_		<u> </u>		

Form **990** (2009)

orm	990 (2009) IMAGINE SCHOOLS NON-PROFIT, INC. 20-3590526	_	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			<b> </b>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	1 1		
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 $\overline{X}$ Consolidated basis $\overline{X}$ Both consolidated and separate basis	1		<b>\</b>
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Employer identification number

Open to Public

IMAGINE SCHOOLS NON-PROFIT, INC. 20-3590526 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type II d Type III-Other ь By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II)

h Provide the f	ollowing information about th	e supported organization(s)											
(ı) Name of supported organization	(ii) EIN	(described on lines 1–9 in col (i) listed in your th				(v) Did you notify the organization in col (i) of your support?		anization in organization in (i) organized in		n col (i) listed in your the organization in organization in col (i) organization in col (ii) organized in the organization in col (ii) organized in the organization in col (ii) organized in the organization in col (ii) organization in col (iii) organi		ion in col zed in the	(vii) Amount of support
		,	Yes	No	Yes	No	Yes	No					
Total													

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

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Schedule A (Form 990 or 990-EZ) 2009

11g(III)

			OOLS NON-E			-3590526	Page 2
Pa	urt II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	-
_	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support	r	Ţ <del></del>	<u>,</u>	•	<del></del> -	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				:		_
6	Public support. Subtract line 5 from line 4	<u> </u>					
	tion B. Total Support				q=		<u> </u>
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	eaa instructions)	<u> </u>	<u> </u>	1	12	-
13	First five years. If the Form 990 is for the c		second third fourt	h or fifth tay year a	se a section 501/o		
	organization, check this box and stop here	•	occoria, ama, ioura	n, or murtax year a	13 d 3600011 30 1(C)	(0)	▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2009 (line 6,			(f))		14	%
15	Public support percentage from 2008 Sche	* *		(17)		15	%
16a	33 1/3 % support test—2009. If the organi			3 and line 14 is 33	1/3 % or more, che		
	and stop here. The organization qualifies a			, and mid 1 1 10 00	7,0 7,0 0, 111,010, 011	301 (1110 202	<b>▶</b> [
b	33 1/3 % support test—2008. If the organi		-	or 16a, and line 15	ıs 33 1/3 % or mon	e, check this	<u> </u>
	box and stop here. The organization qualif					-,	▶ _
17a	10%-facts-and-circumstances test—200				or 16b, and line 14	s 10% or	•
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst		·	•	•		•
b	10%-facts-and-circumstances test—200		•		•	ne 15 is 10% or	-
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualifies	as a publicly supp	orted organization		<b>•</b>
18	Private foundation If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see ii	nstructions	<b>&gt;</b> [ _

Section A. Public Support

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

Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			,			
b	Amounts included on lines 2 and 3 received					<u> </u>	
	from other than disqualified persons that					ł I	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)				<u> </u>	<u> </u>	
	tion B. Total Support	T			· · · · · · · · · ·	1	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	<b>&gt;</b> [
Sec	tion C. Computation of Public Su	apport Percent	tage				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part II	I, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga	nization did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this be	ox and stop here.	The organization qu	ialifies as a publicly	supported organiz	ation	▶ 1.
b	33 1/3 % support tests—2008. If the orga	nization did not che	eck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check th	is box and <b>stop h</b> e	ere. The organization	n qualifies as a put	olicly supported org	anization	▶ [
20	Private foundation. If the organization did	not check a box or	n line 14 19a or 19	h check this box a	ind see instructions		•

Schedule A (Form 990 or 990-EZ) 2009 IMAGINE SCHOOLS NON-PROFIT, INC.

20-3590526

Page 4

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number IMAGINE SCHOOLS NON-PROFIT, INC. 20-3590526 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 IMAGINE SC	HOOLS NON-P	ROFIT,	INC.		<u> 20-35</u>	<u>90526                                    </u>		F	Page <b>2</b>
Pa	art III Organizations Maintaining (	Collections of Art,	Historical '	Treasu	ures, o	r Other S	Similar Ass	sets (	continued)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the fol	lowing th	nat are a	significant i	ise of its			
а	Public exhibition	d Loan	or exchange p	rograms	8					
b	Scholarly research	e Othe			-					
c	Preservation for future generations		. – – –					_		
4	Provide a description of the organization's collect Part XIV	tions and explain how th	ney further the	organiza	ition's ex	empt purpo:	se ın			
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be					lar			Yes	_ ∤ No
D	art IV Escrow and Custodial Arrar					eworod "	Voc" to Fo	rm 00		j NO
	IV, line 9, or reported an amo				uon an	SWEIEU	163 1010	1111 33	o, ran	
4.										
па	Is the organization an agent, trustee, custodian of	or other intermediary for	contributions of	or other a	assets no	ot				٦
	included on Form 990, Part X?								Yes	_ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table						<del></del>	
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?							Yes	No
b	If "Yes," explain the arrangement in Part XIV									
Pa	art V Endowment Funds. Comple	te if organization a	nswered "Y	es" to	Form	990, Part	IV, line 10	<del>)</del>		_
	<u> </u>	(a) Current year	(b) Prior y			years back	(d) Three yea		(e) Four years	s back
1a	Beginning of year balance					•				
h	Contributions									
~	Net investment earnings, gains,									
·	and losses			ŀ						
	Grants or scholarships	<del></del>								
е	Other expenditures for facilities						1			
	and programs									
f	Administrative expenses									
g	End of year balance			ŀ						
2	Provide the estimated percentage of the year en	d balance held as								
а	Board designated or quasi-endowment	%								
b										
C	Term endowment ► %									
3a	Are there endowment funds not in the possession	on of the organization that	at are held and	adminis	tered for	the				
	organization by								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sche	dule R?						3b	
4	Describe in Part XIV the intended uses of the org	ganızatıon's endowment	funds							
Pá	art VI Investments—Land, Buildin			n 990.	, Part )	(, line 10				
	Description of investment	(a) Cost or other basis		ost or other			umulated		(d) Book value	)
	•	(investment)		s (other)			eciation	-		
10	Land			<u>·</u>			-	<b>+</b>	_ <del></del>	
								+		_
	Buildings		<del></del>	883,	357		/37 11	7	116	210
	Leasehold improvements				-		437,11		446,	
	Equipment		<del>- 4</del>	112	, 20T	<u> </u>	460,978	)	2,651,	203
	Other (Colored to the colored to the	L	(D) 1	24.2.2				-	2 000	202
rota	II. Add lines 1a through 1e (Column (d) must equa	ai Form 990, Part X, col	ımn (B), line 10	)(c) )				•	3,098,	

Schedule D (Form 990) 2009 IMAGINE SCHOOLS NON-P.		20-3590526	Page 3
Part VII · Investments—Other Securities. See Form 990		<del></del>	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other			
<b> </b>			
		<u> </u>	
<i>_</i>			
_ <b> </b>			
_ <b> </b>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
	<del></del>	<u></u>	
7.1.1 (Column (b) model from 000 Port V and (B) less 42.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	<del></del>		(b) Book value
(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) book value
	<del></del>	<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	<del>-</del>
<del></del>			
			<del></del>
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	<del></del>	<del></del>	<del></del>
	<del></del>		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
NOTES PAYABLE - OTHER	5,648,458		
DUE TO OPERATING COMPANY	3,057,547		
DUE TO RELATED PARTIES	1,787,965		
DUE TO SCHOOLHOUSE FINANCE	465,730		
ACCRUED RENT	304,493		
DEFERRED REVENUE	296,189		
DUE TO AFFILIATES	209,941		
OTHER LIABILITIES	204,554		
DEPOSITS PAYABLE	1,125		
CAPITAL LEASE PAYABLE	, , , ,		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	11,976,002		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization		that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC. 20-35905		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,030,293
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,972,833
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,942,540
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	161,557
9	Total adjustments (net) Add lines 4 through 8	9	161,557
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,780,983
_Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	80,564,696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)  2d 4,534,40	3	
е	Add lines 2a through 2d	2e	4,534,403
3	Subtract line 2e from line 1	3	76,030,293
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		
b	Other (Describe in Part XIV )  4b		
С	Add lines 4a and 4b	4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	76,030,293
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	
1	Total expenses and losses per audited financial statements	1	86,345,679
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)  2d 4, 372, 84	6	
е	Add lines 2a through 2d	2e	4,372,846
3	Subtract line 2e from line 1	3	81,972,833
4	Amounts 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		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	81,972,833
Pa	rt XIV Supplemental Information		-
Com	plete 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 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
this p	art to provide any additional information		
_ P	ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
	EPARATELY REPORTED_CHARTER_SCHOOLS \$		534 403
_S	EPARATELY REPORTED_CHARTER_SCHOOLS \$	4	, <u>372,846</u>
– –	ART XII TINE 2D - REVENUE AMOUNTS INCLUDED IN EINANCIALS -	. — — . ∩ጥ⊑	IFD
	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS -		
_S	EPARATELY REPORTED_CHARTER_SCHOOLS	4	, <u>534,403</u>
	- <b></b>		<del>-</del>

Schedule D	(Form 990	2009	IMA	GINE	SCHO	OLS 1	NON-P	ROFIT	, INC	· .	20	-3590	526			Page <b>5</b>
Part XI	V Supi	olemer	ntal Info	ormati	ion (cont	inued)			-							<u>~_</u> _
_PART	XI <u>I</u> I_	<u>LIN</u>	E_2 <u>D</u>	<u>-</u> E	XPENS	E <u>A</u> M	<u>OUNTS</u>	INCL	UDED_	1 <u>N</u>	<u>FINAN</u>	CIALS	S_ <b>-</b> _	O <u>T</u> H <u>E</u> R	<u> </u>	
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_0 <u>=111</u> 1	. <u>471-111-1</u>	<u> 1711 </u>	OKTE	2_C <u>11</u>	7 <u>11</u> 11111	_5 <u>011</u>	00110			-			<u> </u>	<u> </u>	<u> </u>	
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#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

Ope

2009
Open to Public Inspection

OMB No 1545-0047

Name of the organization

IMAGINE SCHOOLS NON-PROFIT, INC.

Employer identification number 20-3590526

		-	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Schedule O (Form 990)  EACH SEPARATE CHARTER SCHOOL ORGANIZATION SPECIFICALLY STATES ITS NONDISCRIMINATORY POLICY ON SCHOOL BROCHURES, NOTICES PUBLISHED BY THE RESPECTIVE SCHOOL BOARDS, AND ALL OF THEIR PUBLIC ADVERTISEMENTS.	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Χ	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Χ	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Χ	<u></u>
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<b>5</b> a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O			
	(Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Х	

# SCHEDULE J

(Form 990)

Part I

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IMAGINE SCHOOLS NON-PROFIT, INC.

**Questions Regarding Compensation** 

Employer identification number 20-3590526

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
<b>h</b>	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	ļ		
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	D. man the control did any account behalf of Ferra 2000. Dest VIII. Control A. Iran An, with control III. Char			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			, ,
a		4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Χ
b	Any related organization?	5b		Χ
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			1
а	The organization?	6a		Χ
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			[
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	l		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			]
	Regulations section 53 4958-6(c)?	۰ ا		

Schedule J (Form 990) 2009

Part II

IMAGINE SCHOOLS NON-PROFIT

INC.

Officers, Directors, Trustues, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

20-3590526

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	9)	×	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	dwoo (i)	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)–(D)	reported in prior Form 990 or Form 990-EZ
DENNIS W. BAKKE		0 000.000	0 0	o c	0	0	200,000	200,000
BARRY SHARP (0)		0		O				0
(ii)		350,000		0			350,000	300,000
(c)					,			
(1)								
(0)				·				
(1)								
(1)				•				
(0)								
(n)								
(ii)			_					
(0)								
(n)			•	,				
(1)		·			•			
(i)								
(0)								
(0)								
(0)								
((1)								
(0)					•			
The state of the s							Schedu	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC.

Part III Supplemental Information

20-3590526

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Transactions With Interested Persons**

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

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

OMB No 1545-0047

Employer identification number

Open To Public

IMAGINE SCHOOLS NON-PROFIT, INC. 20-3590526 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (f) Approved (g) Written or from the principal amount by board or agreement? organization? committee? To From Yes No Yes No Yes Νo Total ▶ \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org interested person and the transaction revenues? organization Yes Νo IMAGINE SCHOOLS, INC. SISTER COMPANY 2,808,450 ADVANCE FROM IMAGINE Χ IMAGINE SCHOOLS, SISTER COMPANY 8,946,981 MANAGEMENT FEES Χ

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

IMAGINE SCHOOLS NON-PROFIT, INC.

Employer identification number 20-3590526

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

IMAGINE SCHOOLS NON-PROFIT'S VISION IS FOR EVERY CHILD TO REACH HIS OR HER

FULL POTENTIAL AND DISCOVER PATHWAYS FOR LIFE-LONG SUCCESS. AS A NATIONAL

FAMILY OF PUBLIC CHARTER SCHOOL CAMPUSES, IMAGINE SCHOOLS NON-PROFIT'S

MISSION IS TO PARTNER WITH PARENTS AND GUARDIANS IN THE EDUCATION OF THEIR

CHILDERN BY PROVIDING HIGH QUALITY SCHOOLS THAT PREPARE STUDENTS FOR LIVES

OF LEADERSHIP, ACCOMPLISHMENT, AND EXEMPLARY CHARACTER.

IMAGINE SCHOOLS NON-PROFIT PURSUES ITS MISSION UTILIZING THE FOLLOWING OBJECTIVES:

- \* CREATE CHOICE FOR PARENTS AND STUDENTS WITHIN THE PUBLIC SCHOOL SYSTEM.
- \* EMPHASIZE ACADEMIC EXCELLENCE AND CHARACTER DEVELOPMENT AS THE ESSENTIAL ELEMENTS OF LIFE-LONG SUCCESS.
- \* ENCOURAGE INNOVATIVE TEACHING PRACTICES THAT INDIVIDUALIZE LEARNING ACCORDING TO THE NEEDS OF EACH STUDENT.
- \* PROVIDE A SYSTEM OF ACCOUNTABILITY FOR RESULTS IN PUBLIC EDUCATION (I.E. IMAGINE SCHOOLS MEASURES OF EXCELLENCE).
- \* SUPPORT PRINCIPALS, TEACHERS, AND SCHOOL STAFF AS THE FRONT-LINE LEADERS
  AND DECISION-MAKERS, WHO BEST KNOW THE NEEDS, CHALLENGES, AND
  OPPORTUNITIES OF EACH SCHOOL COMMUNITY.

IMAGINE SCHOOLS NON-PROFIT MEASURES ITS PERFORMANCE AT EACH SCHOOL USING SIX MEASURES OF EXCELLENCE, INCLUDING:

Name of the organization

IMAGINE SCHOOLS NON-PROFIT, INC.

Employer identification number 20-3590526

- \* PARENT CHOICE
- \* ACADEMIC ACHIEVEMENT
- \* POSITIVE CHARACTER DEVELOPMENT
- \* SHARED VALUES
- \* ECONOMIC SUSTAINABILITY
- \* NEW SCHOOL DEVELOPMENT

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS EILEEN H. BAKKE

DENNIS W. BAKKE

VΡ

PRESIDENT

SPOUSE

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED IMAGINE SCHOOLS NON-PROFIT, INC. (ISNP) HAS ENTERED INTO A FINANCIAL ARRANGEMENTS AGREEMENT (FAA) WITH IMAGINE SCHOOLS, INC. UNDER THE FAA, IMAGINE PROVIDES CORPORATE AND REGIONAL ADMINISTRATIVE, FINANCIAL, DEVELOPMENT, MANAGEMENT, AND OPERATIONAL SUPPORT TO ISNP AND ALL OF ITS CHARTER SCHOOLS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS:

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY TO FURTHER PROMOTE AND FACILITATE THE FULL DISCLOSURE OF POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, EACH LEADERSHIP PERSON SHALL COMPLETE THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE PRIOR TO COMMENCING

RESPONSIBILITIES FOR IMAGINE SCHOOLS NON-PROFIT, INC. AND AT LEAST ONCE EACH YEAR THEREAFTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS PAID TO IMAGINE SCHOOLS, INC. VIA A MANAGEMENT AGREEMENT. NO EMPLOYEES RECEIVE COMPENSATION THROUGH IMAGINE SCHOOLS NON-PROFIT, INC.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ALL COMPENSATION IS PAID BY IMAGINE SCHOOLS, INC.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION A COPY OF THE GOVERNING DOCUMENTS MAY BE PROVIDED UPON REQUEST.

SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

EACH SEPARATE CHARTER SCHOOL RECEIVES GRANTS FROM THEIR RESPECTIVE COUNTY

SCHOOL BOARDS.

SCHEDULE O - ADDITIONAL INFORMATION

PART V, LINE 1 AND 2

ALL EMPLOYEES ARE LEASED FROM THE MANAGEMENT COMPANY, IMAGINE SCHOOLS, INC. SCHEDULE L, PART IV

DENNIS BAKKE IS THE PRESIDENT OF BOTH IMAGINE SCHOOLS NON-PROFIT, INC. AND IMAGINE SCHOOLS, INC. AND SOLE SHAREHOLDER JOINTLY, WITH HIS WIFE EILEEN BAKKE OF IMAGINE SCHOOLS, INC. ISNP HAS ENTERED INTO A FINANCIAL ARRANGEMENTS AGREEMENT WITH IMAGINE SCHOOLS, INC. AS APPROVED BY THE BOARD OF DIRECTORS. DENNIS BAKKE AND EILEEN BAKKE RECUSE THEMSELVES FOR ANY VOTE THAT WOULD BE A CONFLICT OF INTEREST.

04897 07/21/2011 11 36 AM

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

2009 OMB No 1545-0047

Open to Public Inspection

Employer identification number

See separate instructions.

(f)
Direct controlling
entity (f) Direct controlling N/A N/A N/A N/A Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 20-3590526 526,009 304,256 841,779 239,538 93,981 (e) Public charity status End-of-year assets **e** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 513,103 -949,375 -2,145 2,240,793 348,713 (d) Exempt Code section (d) Total income (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state FI GA GA GA (b) Primary activity SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL INC 20-2753386 26-0435898 20-5753438 20-4514007 20-8327082 IMAGINE SCHOOLS NON-PROFIT, (a) (a) Name, address, and EIN of related organization (a) (a) Name, address, and EIN of disregarded entity IMAGINE INT'L ACADEMY OF SMYRNA LLC IMAGINE SCHOOLS-MANATEE COUNTY, LLC IMAGINE WESLEY INT'L ACADEMY, LLC IMAGINE INT'L ACADEMY OF MABLETON 33133 85053 30064 GA 30064 30064 IMAGINE MIDDLE AT CAMELBACK LLC GA GA ΑZ 3250 MARY STREET, STE 202 18052 N BLACK CANYON HWY 368 WRIGHT STREET 368 WRIGHT STREET 368 WRIGHT STREET COCONUT GROVE Name of the organization MARIETTA MARIETTA MARIETTA PHOENIX Part II Part

entity

(if section 501(c)(3))

or foreign country)

Primary activity

N/A Page 2 (J) General or managing Yes No Schedule R (Form 990) 2009 partner? Percentage ownership  $\widehat{\boldsymbol{arepsilon}}$ Code V—UBI amount in box 20 of Schedule K-1 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 (Form 1065) A/Z end-of-year assets Share of <u>(</u>6 (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year N/A Share of total income assets (f) Share of total income (C corp, S corp, Type of entity  $\mathcal{O}$ because it had one or more related organizations treated as a partnership during the tax year.) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling N/A 20-3590526 (d) Direct controlling entity Legal domicile foreign country) (state or VAછ (c) Legal domicile (state or country) foreign IMAGINE SCHOOLS NON-PROFIT, INC. MANAGEMENT Primary activity Primary activity VA 22201 Name, address, and EIN of related organization 1005 NORTH GLEBE ROAD #610 Name, address, and EIN of related organization IMAGINE SCHOOLS, INC. Schedule R (Form 990) 2009 04-3466383 ARLINGTON Part IV Part III ΔA

Part V

Pagé 3

20-3590526 Schedule R (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	_	$\times$
b Gift, grant, or capital contribution to other organization(s)		16	_	$\times$
c Gift, grant, or capital contribution from other organization(s)		12		$\times$
d Loans or loan guarantees to or for other organization(s)		7	_	$\times$
e Loans or loan guarantees by other organization(s)		16	×	
f Sale of assets to other organization(s)		#	-	×
g Purchase of assets from other organization(s)		19	_	×
h Exchange of assets		t T		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		$\times$
j Lease of facilities, equipment, or other assets from other organization(s)		=		$\times$
		<del>*</del>	$\dashv$	$\times$
l Performance of services or membership or fundraising solicitations by other organization(s)		=  +	×	>
m Sharing of racinities, equipment, mailing lists, or other assets n. Sharing of paid employees		= =		<l< td=""></l<>
			<u> </u>	1
o Reimbursement paid to other organization for expenses		9		$\times$
p Reimbursement paid by other organization for expenses		라		$\times$
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>		17		$\times   \times$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds			İΙ
(a) Name of other organization	(b) Transaction	(c) Amount involved	hvolved	
	type (a-r)			
(1) I.AGINE SCHOOLS, INC.				1
(2) IMAGINE SCHOOLS, INC.				
(3)				
(5)				
(9)				
		Schedule R (Form 990) 200	rm 990)	200

Schedule R (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(h) General or managing	partner	Yes							:				990) 2(
	l	۲						_					Form
(g) Code V—UBI amount in box 20	of Schedule K-1 (Form 1065)												Schedule R (Form 990) 2009
(f) Disproportionate allocations?	2	õ											
(f) Disproport	5	Yes											
(e) Share of	assets												
Sh- end-	ž mi												
ners	) us?	S S	<u></u>										
(d) Are all partners section	501(c)(3) organizations?	Yes											
υ ⊆		<b>\</b>											
(c) Legal domicile (state or foreign	country)												
Lega (state	8												
ış.													
(b) Primary activity													
Prime			:										
,					<u>-</u> .								
												:	
entity													!
(a) Name, address, and EiN of entity				-									
(a) ess, and													
ne, addr			ı										
Nan													
(a) (b) (c) Name, address, and EIN of entity Legal domicile (state or foreign													
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SCHEDULE R-1   Continuation	_	Sheet for Schedule R (Form 990)	n 990)		OMB No 1545-0047
					5000
Department of the Treasury (Form 990), Paintenal Revenue Service	rm 990 to list additic irt I; Part II; Part III; P ee instructions for S	► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990).	edule R Part VI.		Open to Public Inspection
IMAGINE SCHOOLS NON-PROFIT,	INC.		Employer identification 20-3590526	Employer identification number 20-3590526	
tification of Disregarded Entities					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
IMAGINE MIDDLE AT DESERT WEST LLC _ 26-0435915_18052 N BLACK CANYON HWY	SCHOOL		-40.171	454.636	A/N
FOUNDATION PUBLIC OWN STATION ROAD ARLBORO	SCHOOL	G X	98	١,	Z
VE-PINELLAS COUNTY LLC MARY STREET, STE 202  JT GROVE FL	SCHOOL	FT		1,026,600	z
IMAGINE-EAST MANATEE COUNTY LLC 26-0465070_ 3250 MARY STREET, STE 202 COCONUT GROVE	SCHOOL	FL	146,171	490,749	N/A
IMAGINE-LEON COUNTY LLC 26-1340433 3250 MARY STREET, STE 202 COCONUT GROVE	SCHOOL	FL	19,96		z
IMAGINE-PASCO COUNTY LLC 20-4513500	SCHOOL	Į.	291,867	62,71	Z
IMAGINE-SARASOTA COUNTY LLC 26-0472274 3250 MARY STREET, STE 202	SCHOOL	FI	-	1,493,893	z
IMAGINE-BROWARD COUNTY LLC 26-0376682 3250 MARY STREET, STE 202 COCONUT GROVE FL 33133	SCHOOL	ŗ,	-168,769		
SCHOOL AT SOUTH INDIAN RY STREET, STE 202 FL 3313	SCHOOL	H H	J	26,	È
SCHOOL AT TOWN CENTE RY STREET, STE 202 GROVE FL 3	SCHOOL	FL	1 .	0.7	z
IMAGINE PREPARATORY HIGH SCHOOL AT _ 26-1327260   18052 N BLACK CANYON HWY	SCHOOL	A 7.	0.8.90	761.725	2

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SCHEDULE R-1	Continuatio	on Sheet for So	Continuation Sheet for Schedule R (Form 990)	າ 990)		OMB No 1545-0047
(Form 990)						6006
Department of the Treasury Internal Revenue Service	► Attach to For (Form 990), Par	o Form 990 to list additional information for Sc ), Part I; Part II; Part III; Part IV; Part V, line 2; o	<ul> <li>► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part IV; Part V, line 2; or Part VI.</li> <li>► See instructions for Schedule R (Form 990).</li> </ul>	dule R art VI.		Open to Public Inspection
Name of filing organization	IMAGINE SCHOOLS NON-PROFIT, II	INC.		Employer identification 20-3590526	Employer identification number	
Part I Continu	tification of Disregarded Entities					
Nam	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling
IMAGINE ELEMENTARY 18052 N BLACK CANY PHOENTX	ELEMENTARY AT AVONDALE ILC 26-1326886_BLACK_CANYON_HWY	SCHOOL	, PA	-64,468	378,866	N/N
	COOLI	SCHOOL	AZ			z
	MIDDLE AT COOLIDGE LLC 26-1327238_ BLACK_CANYON_HWY	SCHOOL	AZ	-85,043	88,255	N/A
IMAGINE PREPARATORY 18052 N BLACK CANYON PHOENIX	PREPARATORY         HIGH         SCHOOL         AT         26-1326858           BLACK_CANYON_HWY         -         -         -         -           AZ         85053         -         -         -         -         -         -	SCHOOL	AZ	215,974	164,331	N/A
IMAGINE-BALTIMORE COUNT 4605 BROWN STATION ROAD UPPER MARLBORO	ORE COUNTY LLC 20-3391286_ IION_ROAD	SCHOOL	MD	-265,227	418,608	N/A
NE-S MARY UT G	TIUCIE_COUNTY,_LLC 26-0472741	SCHOOL	FL	425,345	856,477	N/A
MIDDLE	AT AVONDALE, LLC 26-1326921	SCHOOL	AZ	-65,912	56,183	Z
MIDDLE	AT SUPERSTITION, LLC _ 26-1326994 CANYON HWY _ RS 053	SCHOOL	AZ	-84,851	66,331	N/A
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	990.			Schedule	Schedule R-1 (Form 990) 2009

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Page 3

20-3590526

INC.

Schedule R-1 (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT,

Part III Continuation of Identification of Related Organizations Taxable as a Partnership	elated Organ	izations	Taxable as a	Partnership			a		•	
	(q)	(3)	( <del>p</del> )	(e)	(J)	(b)	(h)		(i)	(9)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from lax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount on box 20 of K-1	General or managing partner?
		/fa		sections 512-514)			Yes	ş		Yes No
		•								
										_
DAA '								Sche	Schedule R-1 (Form 990) 2009	190) 2009

Page 4

20-3590526

INC.

Schedule R-1 (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT,

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	d Organizations	Taxable as a	Corporation or	. Trust			
(a)	(q)	(0)	(p)	(e)	<b>(</b> j)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
	-						
					-		
	•						
		•					
						C. C. C. C.	4 (7.200) 2000
DAA							Schedule N-1 (FOIIII 930) 2009

Page 5		(c) Amount involved																			Schedule R-1 (Form 990) 2009
		(b) Transaction type (a-r)																		_	Schedul
Schedule R-1 (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC. 20-3590526	Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	(a) Name of other organization																			
Schedule R-	Part V		(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	DAA

Page 6

20-3590526

Schedule R-1 (Form 990) 2009 Yes No (h)
General or
managing
partner? Code V—UBI amount on box 20 of K-1 Disproportionate allocations? å Yes (e) Share of end-of-year assets partners section 501(c)(3) organizations? Yes No Are all Legal domicile (state or foreign country) <u>ပ</u> Continuation of Unrelated Organizations Taxable as a Partnership Schedule R-1 (Form 990) 2009 IMAGINE SCHOOLS NON-PROFIT, INC. Primary activity 1 1 Name, address, and EIN of entity 1 Part VI 1

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Form 99	<b>30</b> ∣		Special Eve	nts Schedule			1	2009
Form 3		For calendar year 2009, or tax	year beginning	07/01/09	, and ending	06	/30/10	2003
lame			<u> </u>					tification Number
IMAGIN	E SCHO	OOLS NON-PROFIT,	INC.				20-3590	526
		(A)	(B)	(C)		thers		Total
Gross receipt	s	190,815	0		0		0	190,81
Less contrit	outions	190,815	0		0		0	190,81
Gross revenu		0	0		0		<u> </u>	
Less direct	expenses	0	0		0		0	
Net income (le	oss)	0	0		0		0	
Description	(A)	FUNDRAISING		<del></del>				
	(D)							
	(B)			<del></del>				
	(C)							
	Others							
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Forms			
990	1	990-	.PF

#### Other Notes and Loans Receivable

06/30/10

2009

Name

(4) (5) (6) <u>(7)</u> (8) <u>(9)</u> (10) For calendar year 2009, or tax year beginning 07/01/09, and ending

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Employer Identification Number

IMAGINE	SCHOOLS	NON-PROFIT,	INC

20-3590526

	Name (	of borrower		Relationship to disqualified per	son
(1)	DUE FROM OTHER	AGENCIES			
(2)	DUE FROM IMAGI	NE SCHOOLS			
(3)	DUE FROM RELAT	ED PARTIES -	- OTHER		
(4)	DUE FROM SCHOOL	L DISTRICT			
(5)			•		
(6)					
(7)					
(8)					
(9)					
(10)	•				
	Onginal amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
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(7)	
(8)	· · · · · · · · · · · · · · · · · · ·
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
1)	190,469	127,496	
2)	208,615		
3)	-100,285	633,151	
4)		186,286	
)			
)			
')			
3)			
0)			
Totals	298,799	946,933	