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DLN: 93493021000121

 $_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

		pplicable Please	ar, or tax year beginning 07-01-2 C Name of organization GREEN ACRES SCHOOL INC	009 and ending 06-30-201	0	D Employer	identification	number
☐ Add	fress ch	ange use IRS label or	Doing Business As			52-0613 E Telephone		
	me char	type. See			(301) 881-4100			
_	ial retur minated	Instruc-	Number and street (or P O box if r 11701 DANVILLE DRIVE	ess) Room/suite		pts \$ 9,924,772		
┌ Am	ended r	return	City or town, state or country, and ROCKVILLE, MD 20852	ZIP + 4				
☐ App	olication	pending	ROCKVILLE, MD 20032					
			me and address of principal offic BROWN	er		• ıs a group ret		_
		5913	GREENLAWN DRIVE		affilia	ites?	J Ye	es 🔽 No
		BETHE	ESDA,MD 20814		1 ' '	II affiliates inc		Yes No
 т Та	x-exem	pt status 🔽 5017	c) (3) 4 (insert no)	or Γ 527		o," attach a l ıp exemption	ıst (see ınstr	ructions)
		: ► WWW GREEN		· , ·] H(c) Give	ip exemption	number F	
K Form	n of org	ganization 🔽 Corpora	ation Trust Association Other I	•	L Year of fo	rmation 1934	M State of leg	jal domicile
Pa	rt I	Summary			•		MD	
Governance	1	Briefly describe the A COEDUCATIO FOSTERING THE FACILITATING FOR PROGRAM IS COVIEWPOINTS, THE TRUST, COOPER	ne organization's mission or mos NAL PROGRESSIVE SCHOOL F NATURAL CURIOSITY OF STU PROBLEM SOLVING BASED OF GNITIVELY, PHYSICALLY AND HIS COMMUNITY PROMOTES: ATION AND MUTUAL RESPEC RESPONSIBLE CONTRIBUTOR	FOR GRADES PRE-KINDER JDENTS, ENGAGING THEM N AN UNDERSTANDING OF D CREATIVELY CHALLENG SOCIOECONOMIC AND CU T ENCOURAGE STUDENTS	ACTIVELY I CHILD DEVE ING VALUIN JLTURAL DIV	N THE JOY (ELOPMENT, G ACCEPTA ERSITY, AN E INCREASIN	OF LEARNING GREEN ACRE NCE OF A V ENVIRONM IGLY INDEP	G AND ES ARIETY OF ENT OF
26	2	Chack this box	If the organization discontinue	ud its operations or disposed	of more than	25% of its n	at accots	
Activities		•	members of the governing body				3	21
톭			ndent voting members of the gov				4	
ă		•	mployees (Part V, line 2a) .		•		5	189
	6	Total number of v	olunteers (estimate if necessary			6	70	
			ated business revenue from Part				7a	0
	b	Net unrelated bus	iness taxable income from Form	990-T, line 34			7b	0
					Prio	or Year		nt Year
ā	8		nd grants (Part VIII, line 1h) . revenue (Part VIII, line 2g) .		476,656 9,178,865		9,154,775	
Revenue	10	_	me (Part VIII, column (A), lines			215,226	+	175,109
걆	11		Part VIII, column (A), lines 5, 6			53,339		138,909
	12		add lines 8 through 11 (must equ	, , , , , , , , , , , , , , , , , , , ,	e	9,924,086		0 000 022
	13		ar amounts paid (Part IX, colum			795,146		9,888,932
	14		or for members (Part IX, column			7 9 3,1 4 0	,	0
	15		ompensation, employee benefits	5 –				
Ехрепзея		10)			5,863,006	5	6,098,311	
<u>₹</u>	16a		draising fees (Part IX, column (A			1	0	
五	b	= .	penses (Part IX, column (D), line 25)		2 0 2 5 0 6 0	,	2 710 477	
	17 18		(Part IX, column (A), lines 11a- Add lines 13-17 (must equal Pa			2,835,860 9,494,012		2,718,477 9,778,349
	19		penses Subtract line 18 from lin		430,074		110,583	
\$ 8 \$ 8						g of Current	End o	f Year
Net Assets or Fund Balances	20	Total assets (Pa	ırt X, lıne 16)			'ear 21,319,765	5	22,435,070
A AS	21		(Part X, line 26)			11,712,159		12,464,165
Σ.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε	22		nd balances Subtract line 21 fro			9,607,606		9,970,905
Pai	t II	Signature Bl	lock		•			
Sign		and belief, it is true,	erjury, I declare that I have examined to correct, and complete Declaration of p		d on all informat			
Here	5	Signature of office						
		Neal Brown HEAL Type or print nar	D OF SCHOOL/TRUSTEE ne and title					
Paid		Preparer's signature Bill Tu			Check if self- empolyed •	Preparer's ide (see instructi	entifying numbei ons)	r
Prepa Use (ıf self-employed),	rs RSM MCGLADREY INC	EIN Þ				
U36 (Jilly	address, and ZIP + 4	9737 WASHINGTONIAN BLVD 400			Phone no	(301) 296-360	00
			GAITHERSBURG, MD 208787340	e? (see instructions)		FIIONE NO F	(301) 296-360 V Yes	

Part III Statement of Program Service Accomplishments

	1	Briefly	describe	the	organization's	missio
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A PRESCHOOL AND ELEMENTARY EDUCATION (NURSERY THROUGH EIGHTH GRADE) FOR OVER 300 CHILDREN CONDUCTED ON PROGRESSIVE LINES IN WHICH THE OBJECTIVE IS TO EMPHASIZE INDIVIDUAL DEVELOPMENT

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe these r	new services on Sch	edule O								
3	Did the organization ceas			ow it conducts, any program	┌ Yes ┌ No						
	If "Yes," describe these o	changes on Schedule	e O								
4	Section 501(c)(3) and 50	01(c)(4) organizatio		s three largest program services trusts are required to report the ogram service reported							
4a	(Code) (Expenses \$	7,902,925 including grants	of \$ 961,561) (Revenue	\$ 9,154,775)						
	•	RY EDUCATION (NURSER)	Y THROUGH EIGHTH GRADE) FOR	OVER 300 CHILDREN CONDUCTED ON							
4b	(Code) (Expenses \$	ıncludıng grants o	of \$) (Revenue \$)						
4c	(Code) (Expenses \$	including grants o	of \$) (Revenue \$)						
4d	Other program services	(Describe in Sched	ule O)								
	(Expenses \$	•	ing grants of \$) (Revenue \$)						
4e	Total program service e	xpenses ⊧ -\$	7,902,925								

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

	•	•
Part V		Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 22			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	12b			

11701 DANVILLE DRIVE ROCKVILLE, MD 20852

(301) 881-4100

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

Se	ection A. Governing Body and Management			
<u> </u>	Cton A. Governing body and Hanagement		Yes	No
			103	140
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 17]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
_	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	V	No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		1 00	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Vaa	
	Other officers or key employees of the organization	15a	Yes	
b	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130	165	
	These to line a of b, describe the process in schedule of (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure		<u> </u>	<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Vupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table.	ha	. n. m. e. t	. b .
20	State the name, physical address, and telephone number of the person who possesses the books and records of the BRENDA ROBINSON	ie orga	ııııZatioi	1 PT

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)				Page
1b	Total	492,095	0		90,23
2	Total number of individuals (including but not limited to those listed above) who rece \$100,000 in reportable compensation from the organization►2	ved more than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or high	est compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual		3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other organization and related organizations greater than \$150,000? If "Yes," complete Schundividual	•			
	murvidaa		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated or rendered to the organization? If "Yes," complete Schedule J for such person	<u>-</u>	5		No
	Gection B. Independent Contractors Complete this table for your five highest compensated independent contractors that \$100,000 of compensation from the organization	received more than			
	(A)	(B)		(0	
PO E	Name and business address REJOICE TRANSPORTATION LLC PO BOX 641 CLINTON, MD 20735 Description of services CONTRACTED SCHOOLBUS			Compensation 283,42	
391	JNIVERSAL JANITORIAL SERVICES 3911 OLD LEE HIGHWAY SUITE 43A FAIRFAX, VA 22030 CONTRACTED JANITORIAL				191,388
2	Total number of independent contractors (including but not limited to those listed above	e) who received more than			

Form **990** (2009)

\$100,000 in compensation from the organization >2

Party	 1	Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
				revenue	revende	sections 512, 513, or 514
쏠쏟	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues 1b				
ું.≝	c	Fundraising events 1c				
<u>∰</u>	d	Related organizations 1d				
∑.E	e	Government grants (contributions) 1e				
들존	f	All other contributions, gifts, grants, and 1f 420,139	j			İ
₹ <u>₹</u>	g	similar amounts not included above Noncash contributions included in				
	9	lines 1a-1f \$ 84,488				
<u> </u>	h	Total. Add lines 1a-1f	420,139			
		Business Code				
HE .	2a	TUITION & RELATED FEEs 900,099	7,987,052	7,987,052		
e Ke	ь	AUXILIARY SERVICES 900,099				
ው ጨ	_ 	TRANSPORTATION FEES 900,099	· · · · · · · · · · · · · · · · · · ·	195,143		
ž	d	300,032	155,145	193,143		
38	e					
Ē		A II other program common review				
Program Service Revenue	f	All other program service revenue				
<u>~</u>	g	Total. Add lines 2a-2f	9,154,775			
	3	Investment income (including dividends, interest				
		and other similar amounts)	176,113			176,113
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real (ii) Personal Gross Rents	-			
	ь	Less rental	_			
		expenses Pontal usomo	-			
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) O ther Gross amount 8,189				
	7a	from sales of				
		assets other than inventory				
	Ь	Less cost or 9,193 other basis and				
		sales expenses	1			
	C	` '	-1,004			-1,004
	d 8a		-1,004			-1,004
Φ	Ga	Gross income from fundraising events (not including				
Other Revenue		\$				
Š		of contributions reported on line 1c) See Part IV, line 18				
ī.		a 147,918				
₽ E	ь	Less direct expenses b 21,726				
Ö	С	Net income or (loss) from fundraising events 🕨	126,192			126,192
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b	-			
	c	Net income or (loss) from gaming activities	-			
	10a	Gross sales of inventory, less				
		returns and allowances .				
	Ь	a 10,133 Less cost of goods sold b 4,921	-			
	٥	Net income or (loss) from sales of inventory	5,212			5,212
	Ť	Miscellaneous Revenue Business Code	-,			-,
	11a	OTHER INCOME 900,099	7,505			7,505
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶	7,505			
	12	Total revenue. See Instructions	9,888,932	9,154,775	0	314,018
			-,-00,552	-,, 3	ŭ	1,010

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		(B) (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	961,561	961,561		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	607,026	238,646	368,380	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,118,461	3,350,202	570,777	197,482
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	283,107	244,004	26,773	12,330
9	Other employee benefits	749,227	631,002	86,872	31,353
10	Payroll taxes	340,490	275,677	51,686	13,127
11	Fees for services (non-employees)				
а	Management				
b	Legal	50,930	11,704	39,174	52
C	Accounting	28,600		28,600	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	260		260	
g	Other	11,349	11,098	187	64
12	Advertising and promotion	54,187	5,139	49,048	
13	Office expenses	436,368	401,054	32,942	2,372
14	Information technology	91,387	90,743	479	165
15	Royalties				
16	Occupancy	162,896	156,350	5,109	1,437
17	Travel	296,086	295,336	558	192
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,927		10,863	3,064
20	Interest	376,724	367,484	6,848	2,392
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	595,335	400,129	191,443	3,763
23	Insurance	42,685	25,858	16,679	148
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	education expenses	359,255	319,516	39,739	
b	summer camp	231,266	231,266		
c	discretionary funds	5,882		5,882	
d	bad debts	-1,995		-1,995	
е	other expenses	-36,665	-113,844	19,302	57,877
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,778,349	7,902,925	1,549,606	325,818
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			1,839,971	1	2,928,878		
	2	Savings and temporary cash investments			4,286,502	2	4,278,612		
	3	Pledges and grants receivable, net	31,529	3	21,324				
	4	Accounts receivable, net	11,109	4	54,451				
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and					
		Schedule L	le L						
Assets	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of							
		Schedule L				6			
	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use		15,691	8	12,411			
⋖	9	Prepaid expenses and deferred charges			305,654	9	341,159		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	15,666,556					
	ь	Less accumulated depreciation	10b	5,515,920	10,678,133	10c	10,150,636		
	11	Investments—publicly traded securities		3,833,029	11	3,809,681			
	12	Investments—other securities See Part IV, line 11		12	533,764				
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			318,147	15	304,154		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,319,765	16	22,435,070				
	17	Accounts payable and accrued expenses .			235,826	17	281,377		
	18	Grants payable		18					
	19	Deferred revenue	4,113,373	19	4,869,039				
	20	Tax-exempt bond liabilities	6,968,434	20	6,770,886				
eS	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
===		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities Complete Part X of Schedule D			394,526	25	542,863		
	26	Total liabilities. Add lines 17 through 25			11,712,159	26	12,464,165		
<u>~</u>		Organizations that follow SFAS 117, check here ▶	lete li	nes 27					
anc	27	Unrestricted net assets			8,323,603	27	8,629,111		
Balance	28	Temporarily restricted net assets			350,877	28	391,656		
፱	29	Permanently restricted net assets		933,126	29	950,138			
Fund		Organizations that do not follow SFAS 117, check here ► an	d com	plete					
<u>.</u>		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds		30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32			
¥	33	Total net assets or fund balances			9,607,606	33	9,970,905		
_	34	Total liabilities and net assets/fund balances			21,319,765	34	22,435,070		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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)

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization GREEN ACRES SCHOOL INC

52-0613675 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II **c** Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type 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 following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organızat col (ı) of	(v) Did you notify the organization in col (i) of your support?) he tion in ganized J S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
						-			
						1			
						1			
						+			
Total									

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

Provide the following information about the supported organization(s)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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2009

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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** GREEN ACRES SCHOOL INC 52-0613675 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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 □ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 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 🕨 A mount 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)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pari	444 Organizations Maintaining Co	<u>llections of Art</u>	, His	torical Tr	eası	ures, or C	the	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat a	re a significa	ant u	ise of its collec	tion	
а	Public exhibition		d	┌ Loan o	rexc	:hange progi	rams	;		
b	Scholarly research		e	┌ Other						
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they furthe	r the	organızatıor	ı's ex	xempt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					┌ Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar		•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		-		ions	or other ass	ets	not	☐ Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ing table		Г		T		
_						-		Ar	nount	
C C	Beginning balance					-	1c			
d	Additions during the year	-	1d							
e	Distributions during the year		1e							
f	Ending balance						1f			
2a	Did the organization include an amount on F		e 21?						Yes	No
	If "Yes," explain the arrangement in Part XI\			1 1137		F 000	<u> </u>	171/1 10		
Рa	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u>)Prior Year				TT IV, IINE IU. Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	4,348,561		4,552,368	+		1	,,,,,,,,	(-)	
ь	Contributions	461,594		469,765						
c	Investment earnings or losses	261,405		-526,007						
d	Grants or scholarships									
e	Other expenditures for facilities	169,168		147,565						
	and programs						_			
f 	Administrative expenses	4,902,392		4,348,561			+			
g -	End of year balance			7,540,501						
2	Provide the estimated percentage of the year	04 000 04	as							
а	Board designated or quasi-endowment	70								
Ь	Permanent endowment 19 000 % %	1								
с -	Term endowment ► %									
3а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation 1	that are held	and	administere	a for	tne	Yes	No
	(i) unrelated organizations							3a	_	No
	(ii) related organizations							3a(ii)	Νο
b	If "Yes" to 3a(II), are the related organization				•			3	b	<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	t VI Investments—Land, Building	s, and Equipme	nt. S						1	
	Description of investment		(a) Cost or o basis (investin		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value	
1a	l Land					41	,113			41,113
b	b Buildings					14,908	,365	4,960,56	7	9,947,798
c	Leasehold improvements		•							
	Equipment		•			717	,078	555,35	3	161,725
е	Other									

10,150,636

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	arket value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Method of valu	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
Tabel (Caluma (h) should count form 000 Part V cal (B) Inc. 13.)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(h)	Book value
	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b)	Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15	(b)	Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTODIAL ACCOUNTS DEFERRED COMPENSATION	5.)		Book value

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,888,932
Total expenses (Form 990, Part IX, column (A), line 25)	2	9,778,349
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	110,583
4 Net unrealized gains (losses) on investments	4	403,129
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-150,413
9 Total adjustments (net) Add lines 4 - 8	9	252,716
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	363,299
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		,
1 Total revenue, gains, and other support per audited financial statements	1	9,335,161
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	403,129
3 Subtract line 2e from line 1	3	8,932,032
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 260		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	956,900
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,888,932
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1 Total expenses and losses per audited financial statements	1	8,971,862
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	155,334
3 Subtract line 2e from line 1	3	8,816,528
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 260		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	961,821
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,778,349
Part XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanat ion
Part V, Line 4	Description of Intended Use of Endowment Funds	TEMPORARILY RESTRICTED NET ASSETS INCLUDE DONOR-RESTRICTED NET ASSETS AND OTHER FUNDS, WHICH ARE ONLY AVAILABLE FOR PROGRAM ACTIVITIES OR GENERAL SUPPORT DESIGNATED FOR FUTURE YEARS
Part X	Description of Uncertain Tax Positions Under FIN 48	The School adopted the accounting standard on accounting for uncertainty in income taxes (FASB ASC Topic 740-10), which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the School may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses derecognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated the School's tax positions and concluded that the School had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. The School files income tax returns in the U.S. federal jurisdiction. With few exceptions, the School is no longer subject to income tax examination by the U.S. federal, state or local tax authorities for years before 2007.
Part XI, Line 8 - Other Adjustments		unrealized GAIN/(loss) on interest rate swap agreement - 150413
Part XII, Line 4b - Other Adjustments		FINANCIAL AID EXPENSE SHOWN NET OF INCOME ON FINANCIAL STATEMENTS 961561 COST OF GOODS SOLD PRESENTED ON LINE 10B ON PAGE 9 -4921
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD PRESENTED ON LINE 10B ON PAGE 9 4921 unrealized loss on interest rate swap agreement 150413
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID EXPENSE SHOWN NET OF INCOME ON FINANCIAL STATEMENTS 961561

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

GREEN ACRES SCHOOL INC

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

52-0613675 YES NO 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? Yes 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 Yes 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 3 Yes AN ANNOUNCEMENT IS PLACED IN THE WASHINGTON POST NEWSPAPER PUBLICIZING THE SCHOOL'S NONDISCRIMINATION POLICY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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 7 Yes 990)

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DLN: 93493021000121

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total.

Supplemental Information Regarding Fundraising or Gaming Activities

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

	ne of the organization EN ACRES SCHOOL INC					Emp	loyer iden	tification number			
						52-	0613675				
Pa	rt I Fundraising Ac Form 990-EZ filer				tion answered "Yes" s part.	to Form 990	, Part IV	, line 17.			
1	Indicate whether the organ	nization raised funds	through a	any of the	following activities Ch	eck all that ap	ply				
а	Mail solicitations			e	☐ Solicitation of noi	n-government	jovernment grants				
b	Internet and e-mail so	licitations		f	Solicitation of gov	ernment gran	iment grants				
c	Phone solicitations			g	☐ Special fundraisir	ng events	ents				
d	In-person solicitations	5									
2a b	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table										
	(i) Name of individual or entity (fundraiser) (ii) Activi		(iii) Did fundraiser have custody or control of contributions? Yes No			(v) A mount (or retaine fundraiser l col (i	ed by) isted in	(vi) A mount paid to (or retained by) organization			

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

1 Gross receipts . 147,918 14 2 Less Chantable contributions . 3 3 Gross income (line 1 minus line 2) . 147,918 14 4 Cash prizes . 147,918 14 4 Cash prizes . 147,918 14 5 Non-cash prizes . 147,918 14 4 Cash prizes . 147,918 14 4 Cash prizes . 147,918 14 5 Non-cash prizes . 147,918 14 4 Cash prizes . 147,918 14 4 Cash prizes . 147,918 14 5 Non-cash prizes . 147,918 14 4 Cash prizes . 147,918 14 5 Non-cash prizes . 147,918 14 6 Rent/facility costs . 147,918 14 7 Direct expense summary Add lines 4 through 9 in column (d) . 12 2 Tribut			(a) Event #1 AUCTION (event type)	(b) Event #2 (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col co		
3 Gross income (line 1 147,918 144 4 Cash prizes	enne	Gross receipts 1 1 1			(cotal name of)		14	7,918
4 Cash prizes	_	contributions	147,918	3			14	7,918
6 Rent/facility costs								
8 Entertainment		5 Non-cash prizes						
8 Entertainment	3e8	6 Rent/facility costs						
8 Entertainment	<u>교</u>	7 Food and beverages						
Direct expense summary Add lines 4 through 9 in column (d). 11 Net income summary Combine lines 3, column (d). 12		8 Entertainment						
Net income summary Combine lines 3, column d, and line 10. 12: 27 11 12 13 14 15 15 15 16 16 16 16 16	<u></u>	9 Other direct expenses .	21,726	5			2:	1,726
11 Net income summary Combine lines 3, column d, and line 10. 12 Tart III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) the col (c)) 1 Gross revenue		10 Direct expense summary Add line	es 4 through 9 in column	(d)			2:	1,726
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col. (a) the col. (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 1, column d, and line 7. 9 Enter the state(s) in which the organization operates gaming activities 1 If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 1 Gross revenue (c) Other gaming (Ad) Total gaming (Ad) Col. (a) the col. (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (Ad) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (a) the col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Col. (c) Pull tabs/Instant bingo/progressive bingo (d) Total gaming (Ad) Total			-				120	6,192
bingo/progressive bingo Add col (a) th col (c)	art			"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
1 Gross revenue	evenue				(c) O ther gaming	(Add col	(a) th	
3 Non-cash prizes	~	1 Gross revenue						
4 Rent/facility costs	<u>ဂ</u>	2 Cash prizes						
4 Rent/facility costs	(pense	3 Non-cash prizes						
6 Volunteer labor		4 Rent/facility costs						
The No	₫	5 Other direct expenses						
8 Net gaming income summary Combine lines 1, column d, and line 7		6 Volunteer labor						
Penter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?								
Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		8 Net gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> -</u>		Yes	No
Downward of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 10a						· 9a		
b If "Yes," Explain	b	If "No," Explain						
			the tax year?	10a				
.1 Does the organization operate gaming activities with nonmembers?	.1	Does the organization operate gaming a	activities with nonmembe	ers?		11		

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

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Schedule I

(Form 990)

DLN: 93493021000121 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Open to Public

Name of the organization		Employer identification number					
GREEN ACRES SCHOOL INC						52-0613675	
Part I General Infor	mation on Gra	nts and Assistance				1	
the selection criteria use Describe in Part IV the	ed to award the gra organization's proc	substantiate the amount of t nts or assistance? edures for monitoring the us	e of grant funds in the	United States			✓ Yes 「
Form 990, Part IV and Sch	IV, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if r	o one recipient receiv	ved more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of se 3 Enter total number of oth		d government organizations					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID TO STUDENTS	58	961,561			
See Additional Data Table					
	•			•	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The School's financial aid program is designed to assist families with need by covering a part of the cost of tuition and other expenses at the school. We send financial aid information and application materials to all of our applicant families. To ensure objectivity, Green Acres School subscribes to the School and Student Service for Financial Aid (SSS) in Princeton, New Jersey. This service requires that parents send to them a parents' financial statement with a small fee. With this information, SSS calculates how much parents should be expected to pay. Copies of current year tax forms must also be submitted directly to the School. Families seeking financial aid must apply for financial aid each year. At Green Acres School, the financial aid process is handled by our Business Office rather than by our Admission Office. This plan supports our 'need blind' admission policy. Admission decisions are made first by an admission committee without regard to which families may or may not have applied for financial aid. After admission decisions are made, grants are determined for accepted families who qualify by a Financial Aid Committee, consisting of the Head and business office staff members.

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DLN: 93493021000121

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

Open to Public

Internal Nevertue Gervice	Attach to Form 990. Fisee separate instructions.	Inspection
Name of the organization GREEN ACRES SCHOOL INC	Employer idea	ntification number
	52-0613675	
Part I Questions Regarding Co	ompensation	

	Check the appropiate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p First-class or charter travel Travel for companions Tax idemnification and gross-up payments						
	First-class or charter travel Travel for companions Tax idemnification and gross-up payments	orov - -					
	Travel for companions Tax idemnification and gross-up payments	 -	Housing allowance or residence for personal use				
	Tax idemnification and gross-up payments	ļ					
		_	Payments for business use of personal residence				
		<u> </u>	Health or social club dues or initiation fees				
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)				
	If any of the boxes in line 1a are checked, did the organi reimbursement orprovision of all the expenses described			1b			
	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Dire			2			
	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract						
	<u></u>		• •				
	<u></u>	고	, ,				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
	During the year, did any person listed in Form 990, Part or a related organization	VII	, Section A , line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control payr	men	t?	4a		Νo	
ь	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-based	dco	mpensation arrangement?	4c		Νο	
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must co	ome	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	_					
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νο	
	If "Yes," to line 5a or 5b, describe in Part III						
	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					Νο	
	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III						
	If "Yes" to line 8, did the organization also follow the reb section 53 4958-6(c)?	outta	able presumption procedure described in Regulations	9		N o	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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)(1)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		compensation incentive reportable compensation compensation		(iii) Other reportable compensation	compensation	Deficits	(6)(1)-(0)	Form 990 or Form 990-EZ
NEAL BROWN ((ı) (ıı)	219,000 0	0	_	11,655 0	39,603 0	270,258 0	0

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

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DLN: 93493021000121

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

20

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Name of the organization
GREEN ACRES SCHOOL INC

Department of the Treasury

Internal Revenue Service

Employer identification number

52-0613675

Pa	rt I Bond Issues									·				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of uer
l											Yes	No	Yes	No
	MARYLAND HEALTH AND HIRER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574216LR6	03-01-	03-01-2005				NAL FACII TION	_ITY		×		х
Pa	rt III Proceeds									•				
					Α	E	3	-	C	D			E	
1	Total proceeds of issue				3,600,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	Other unspent proceeds													
5	Issuance costs from proceeds				68,400									
6	Working capital expenditures from	ı proceeds												
7	Capital expenditures from proceed	ds			3,531,599	,								
8	Year of substantial completion			20	06									
			-	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		х			$T^{}$						
11	Has the final allocation of proceed	is been made?		х	<u> </u>									
12	Does the organization maintain ad the final allocation of proceeds?	lequate books and re-	cords to support	×										
Par	t IIII Private Business Use			<u> </u>	1			1		<u> </u>			I	
					Ą	В	3	(C	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,		х									
2					х									
For F	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Instr	uctions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09

Part III Private Business Use (Continued)

		4	Α	E	3	(С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		×								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									

			A		В				D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	bank of america									
С	Term of hedge	26 800	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider		•								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
									Cahadul	o V /Form 00/	3) 2000

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization GREEN ACRES SCHOOL INC

Employer identification number

52-0613675

Рa	rt I Types of Property					
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of determining revenues	
	Art—Works of art	аррисавіе		1 g		—
_	Art—Works of art					
						—
	D 1 11 1	×		038	selling price	
	Clothing and household			930	selling price	—
3	goods	X		5,406	selling price	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded .	Х	3	16,334	average daily price	
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
13	Q ualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential .					
	Real estate—Commercial					
17	Real estate—Other					
	Collectibles	X	26		selling price	
	Food inventory	X	13	1,303	selling price	
	Drugs and medical supplies .					
	Taxidermy					
	Historical artifacts					
	Scientific specimens Archeological artifacts					
24	gift cards &					—
25	Other (certificates)	x	217	59.119	selling price	
	Other►()			,	5.	
	Other ►()					
	O ther ▶ ()					
29	Number of Forms 8283 received for which the organization compl				29	
					Yes N	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it	
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used	
	for exempt purposes for the enti	re holding p	eriod?		30a N	νo
ь	If "Yes," describe the arrangeme	ent in Part I	II			
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions? 31 Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell r		N o
ь	If "Yes," describe in Part II					
	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,	
	describe in Part II					

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493021000121

SCHEDULE 0

Name of the organization GREEN ACRES SCHOOL INC

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public

Inspection Employer identification number

52-0613675

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The members of the Corporation (the "Members" or, collectively, the "Membership") shall be (a)each parent, legal guardian or custodian (hereafter "Parent") of a child enrolled in the School, provided that (i) there shall be no more than two Parents for any child and (ii) the Parent(s) of each child shall be those persons or that person w ho sign the enrollment form submitted to the School and thereby become responsible for the child's tuition and fees, unless those persons or that person designates on that form one or two other Parents for membership purposes, (b)any person serving as a Trustee on the Board, (c)each person that is regularly employed by the School (such employees shall hereafter be referred to as "Staff")

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		There shall be an Annual Meeting of the Membership for the purpose of electing Trustees (unless such election is conducted by referendum in accordance with these By-laws)

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section A, line 7b		There shall be an Annual Meeting of the Membership for the purpose of electing Trustees (unless such election is conducted by referendum in accordance with these By-laws), for adopting a budget after presentation by the Board, through the Treasurer, of its proposal therefor, and for discussion of any topics that the Board may place on the agenda for the meeting			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTING FIRM OF THE SCHOOL THE RETURN IS THEN REVIEWED BY THE HEAD OF SCHOOL AND BUSINESS MANAGER BEFORE BEING MADE AVAILABLE TO THE TRUSTEES VIA A SECURE WEBLINK

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section B, line 12c		The conflict of interest policy has a "duty to disclose" section which outlines how potential or real conflicts of interest are brought to the attention of the head of school, or to the attention of the Board President and/or Vice President. It also explains the role that the Board of Trustees' Executive Committee plays in considering potential conflicts of interest and determining the appropriate steps to take			

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section B, line 15		THE SALARIES OF THE OFFICERS KEY EMPLOYEES ARE DECIDED BY THE USE OF COMPARABLE SALARY DATA AS PROVIDED BY THE Association of Independent Schools of Greater Washington (AISGW) AND the Association of Maryland Independent Schools THE AMOUNT OF THE FINAL COMPENSATION NUMBER IS THEN APPROVED BY THE COMPENSATION COMMITTEE			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Software ID: Software Version:

EIN: 52-0613675

Name: GREEN ACRES SCHOOL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
DAVID SMITH PRESIDENT	2 00	Х		х				0	0	0	
AMY NILES VICE PRESIDENT	2 00	Х		х				0	0	0	
ABBA BLUM TREASURER	2 00	Х		х				0	0	0	
MARY STEWART SECRETARY	2 00	X		х				0	0	0	
ALAN ADLER BOARD MEMBER	2 00	Х						0	0	0	
IRINEU DECARVALHO FILHO BOARD MEMBER	2 00	X						0	0	0	
MICHAEL BARNELLO BOARD MEMBER	2 00	Х						0	0	0	
MARGE DIMOND BOARD MEMBER	2 00	Х						0	0	0	
MICHELE DREYFUSS BOARD MEMBER	2 00	X						0	0	0	
SANDY HOROWITZ BOARD MEMBER	2 00	Х						0	0	0	
JO CELYN JOHNSON TEACHER/BOARD MEMBER	40 00	X						53,854	0	11,166	
ANITA LYNN BOARD MEMBER	2 00	X						0	0	0	
KATHIE MEIZNER BOARD MEMBER	2 00	Х						0	0	0	
ADRIANA MURPHY TEACHER/BOARD MEMBER	40 00	X						51,979	0	9,694	
KAREN FRICKE BOARD MEMBER	2 00	Х						0	0	0	
KIM TILLEY BOARD MEMBER	2 00	X						0	0	0	
ROBERT RUBEN BOARD MEMBER	2 00	Х						0	0	0	
ROBERT WEISS BOARD MEMBER	2 00	Х						0	0	0	
ROBERT YOUNGENTOB BOARD MEMBER	2 00	Х						0	0	0	
NEAL BROWN HEAD OF SCHOOL	40 00	Х		х				219,000	0	50,325	
KAREN BUGLASS TEACHER/BOARD MEMBER	40 00	Х						50,604	0	9,774	
BRENDA ROBINSON BUsiness Manager	40 00			Х				116,658	0	9,279	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
education expenses	359,255	319,516	39,739	
summer camp	231,266	231,266		
discretionary funds	5,882		5,882	
bad debts	-1,995		-1,995	
other expenses	-36,665	-113,844	19,302	57,877