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SCANNED JUN 0 2 2011

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2009 ca	endar year, or tax year beginning $\mathrm{JUL}1$, 2009	JUN 30, 2010	
В	- Check if applicable	Please use IRS	C Name of organization	D Employer identific	ation number
	Addres	s label or	HARBOUR SCHOOL FOUNDATION, INC.		
Ē	Name change	type	Doing Business As)45745
누	return Termin	See Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/sui 1277 GREEN HOLLY DRIVE	te E Telephone number (410)	974-4248
⊨	—∣ated ⊟Amend	Instruc-	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,125,102.
F	return Applica tion	ı-	ANNAPOLIS, MD 21409	H(a) Is this a group ret	
	pendin	⁹ F Nar	ne and address of principal officer:YVONNE CALLAWAY	for affiliates?	Yes X No
		127	7 GREEN HOLLY DRIVE, ANNAPOLIS, MD 21409	H(b) Are all affiliates inclu	uded? Yes No
			ıs. X 501(c) (3	-	ist. (see instructions)
		e: ▶ N/		H(c) Group exemption	
		organizatio		ar of formation 1997 M	State of legal domicile PID
	1 1	Summ	scribe the organization's mission or most significant activities: ${ t TO}$ ${ t PROVID}$	E FUNDRATSING	SUPPORT
Activities & Governance	'	ro in	NOVATIVE LEARNING, INC. A 501(C)(3) ORGA	NIZATION	
Ē	} -		s box if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	sets.
ove	3	Number c	f voting members of the governing body (Part VI, line 1a)	3	<u>5</u>
<u>ত</u>	4	Number c	f independent voting members of the governing body (Part VI, line 1b)	4	
es	5	Total num	ber of employees (Part V, line 2a)	5	0
Ĭ	1		ber of volunteers (estimate if necessary)	6	0
Act		_	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrela	ated business taxeble income from Form 990-T, line 34	7b	
			- ILVEIVED	Prior Year 179,816.	Current Year 112,363.
Jue	8 9	Drogram i	ons and grants (Part VIII, line-1h) service reγεριμε (Part VIII, line 2g)		112/3036
Revenue	10	investme	thacome (Part VIII, column (A), lines 3, 4, and 7d)	<98,121.	103,534.
ď	11		enue (Part VIII, column (A), lines 66, 8c, 9c, 10c, and 11e)	252,674.	281,146.
	12	Total reve	nue · add Jirles & through I T (must equal Part VIII, column (A), line 12)	334,369.	497,043.
			d sımılar amounts paid (Par IX cgiumn (A), lines 1-3)		
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		······································
X	b		draising expenses (Part IX, column (D), line 25)	22 072	40 062
-	17	•	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,873.	49,062. 49,062.
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,873.	447,981.
<u></u>	19	Hevenue	less expenses Subtract line 18 from line 12	Beginning of Current Year	End of Year
ets (20	Total acc	ets (Part X, line 16)	8,250,847.	8,540,365.
ASS	21		lities (Part X, line 26)	3,293,915.	3,107,373.
Net Assets or	22		s or fund balances Subtract line 21 from line 20	4,956,932.	5,432,992.
	art II		ture Block		
		Under pena	ulties of perjury, I declare that I have examined this return, including accompanying schedules and statement by Declaration of preparer (other than efficer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge	e and belief, it is true, correct,
		1		\ <u>\</u>	
Sig	3n		Might Callanay	Doto 7	
He	re		volume Callaviay MICE PRECIDENT	Date	1
		—	ONNE CALLAWAY, VICE-PRESIDENT e or print name and title	_	
_	-	Preparer'	Data	Check If Preparer	's identifying number
Pai		signature		self- employed > (see inst	ructions)
	parer's	Firm's nam		EIN ▶	
Usi	Only	yours if self-emptor	(ed). \$\times 2139 DEFENSE HIGHWAY, SUITE 2		
_		address, as ZIP + 4	CROFTON, MD 21114-2113	Phone no ► 41	0-721-3151
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No
932	001 02-0	4-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstructions.	Form 990 (2009)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		52-204	5/45	Page 2
Pai	rt III Statement of Program Service Accomplishments			
11	Briefly describe the organization's mission: TO PROVIDE FUNDRAISING SUPPORT TO INNOVATIVE LEARNING, I 501(C)(3) ORGANIZATION	NC. A		
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations and section 4947(a)(1) trusts are required to report the amount of graduations are required to report the graduation and graduation are required to report the graduation are requ	rants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	TO PROVIDE FUNDRAISING SUPPORT TO INNOVATIVE LEARNING, I	venue \$ NC • A	501(C)(3)
	ORGANIZATION			
	·			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$		
70	(Code.) (Expenses & including grants of &) (nec			
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$			
<u>4e</u>	Total program service expenses ▶\$ 49,062.		F 00	0 (0000)
33200: 02-04-			Form 99	90 (2009)

1 Is the organization described in section 501 (c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule C Contributors? 3 Did the organization required to complete Schedule B, Schedule C Contributors? 4 Section 501(c)(3) organizations. Did the organization and proposition to candidates for public officer If "Yes," complete Schedule C, Part II 5 Section 501(c)(3) organizations. Did the organization and proposition to candidates for public officer If "Yes," complete Schedule C, Part II 5 Section 501(c)(3) organizations. Did the organizations are the organization described to the section 6033(e) notice and resporting requirement and proxy tax" If "Yes," complete Schedule C, Part III 5 Did the organization mention any choror advised funds or any semilar 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 II 5 Did the organization maintain advace, or historia structures? If "Yes," complete Schedule D, Part II 6 Did the organization maintain advace, or historia structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain advaced in the structures of "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or years as applicable. If "Yes," complete Schedule D, Part IV II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 that is 5% or more of ris total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 11 Did the organization report an amount for	· ·	·		Yes	No
If "Yes," complete Schedule A 1 X 2	4	In the executation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
2 St. the organization required to complete Schedule B, Schedule C Contributors?	•		1	х	
Dict 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 II Section 501(c)(a) organizations. Dict the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(a) organizations. Dict the organization is under the organization application or provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Dict the organization meantman any donor advised funds or any similar funds or accounts if "Yes," complete Schedule D, Part II Dict the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, instance land areas, or historic structures? If "Yes," complete Schedule D, Part II Dict the organization meantman collections of works of art, historical treasures, or ches similar essets? If "Yes," complete Schedule D, Part IV Dict the organization or investing and in the organization and in the organization organization in the organization organization in the organization organization organization in the organization organization organization in the organization organizati	2		_		
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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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	18			v	
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			18	<u>^</u>	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19		10		Y
20 Did the organization operate one or more hospitals? In Tes, complete consider 77		·		-	
	20	Did the organization operate one or more nospitals (iii res, complete Schedule n		990	

52-2045745 Page **4** HARBOUR SCHOOL FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

•	•		162	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	04		v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	20		x
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-00		х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25	24a		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			J.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		3,7	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			٠,,
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		,,	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	ļ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ľ		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			ľ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l .
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 (2009)

1 (2)	Catements regarding other mornings and rax compliance		_		
•	•	f		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_			
	U.S. Information Returns. Enter ·0· if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	_		
	(gambling) winnings to prize winners?	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	filed for the calendar year ending with or within the year covered by this return		i i		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		2-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	a by this return r	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		ЗЬ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, securities account at the foreign country (such as a bank	account):	4a		1
D	If "Yes," enter the name of the foreign country:	Ponk and			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Dalik and			
5.	Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega				
Ť	Tax Shelter Transaction?	g	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible?	Ū	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	-	6b	Х	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		.7c	, .	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business noidings			
^	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
ь 10	Section 501(c)(7) organizations. Enter:		90		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	· · · ·	1		
	Gross income from members or shareholders	11a			1
_	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
_	amounts due or received from them.)	116]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b			1

Form **990** (2009)

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

<u>Sec</u>	tion A. Governing Body and Management				
	1	1		Yes	No
1a`	Enter the number of voting members of the governing body	1a	5		
b	Enter the number of voting members that are independent	1b	2		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			37
	of officers, directors or trustees, or key employees to a management company or other person?		3_		Х Х Х
4	Did the organization make any significant changes to its organizational documents since the prior For		4		_ <u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?	5		<u>X</u>
6	Does the organization have members or stockholders?		6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	mbers of the	_		v
	governing body?		7a		<u>х</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members, stockholders, stockh		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	during the year			
	by the following:			v	
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	napters, affiliates,	405		
	and branches to ensure their operations are consistent with those of the organization?		10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing the form?	11	Λ.	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	1	Х
	Does the organization have a written conflict of interest policy? If "No," go to line 13	14	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	a give rise	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," descnbe			
	in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		_X_
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent with a			
	taxable entity during the year?		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	inization's			
	exempt status with respect to such arrangements?		16b_		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MD	(504 () (0) .)	.1.1.1. 6		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) ava	allable for		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest pol	icy, and fina	incial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books an DR. LINDA JACOBS - (410) 974-4248	d records of the org	janization:		
	1277 GREEN HOLLY DRIVE, ANNAPOLIS, MD 21401				
	TELL CHEEK HOUSE BALLIS LANGUAGE HE GETVE		Form	990 (2009)

932006 02-04-10

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	(cl		Pos all		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	or director				pate		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
		Individual trustee or director	Institutional frustee	Officer	Кеу етріоуее	Highest compensated employee	Former	(W-2/1099-MISC)	(2.,	organization and related organizations
DR. LINDA JACOBS PRESIDENT	1.00	х		х				0.	111,833.	0.
YVONNE CALLAWAY VICE-PRESIDENT	1.00	х		х				0.	99,373.	0.
MARTHA SCHNEIDER SEC'Y/TREASURER	1.00	х		х				0.	79,449.	0.
ROBERT JOSEPH DIRECTOR CURTIS CALLAWAY		х						0.	0.	0.
DIRECTOR		х						0.	0.	0.
	_									
										
		-								
		<u> </u>						,		
						-				
						<u> </u>				

per week Description Des	•	. (A) Name and title	(B) Average hours	(6)		Posi Posi	itior		lv۱	(D) Reportable compensation	rtable Reportable			ted t of
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes Note in the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		week 8 the organizati							from related organizations) (r sation he ation ated			
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes Note in the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			-					1	_				 	
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Compensation from the organization Section Section	1 b			!				>	_			5.		0.
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) NONE (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	2	_	not limited to th	ose	liste	ed at	OOV	e) wh	o re	eceived more than \$100	,000 in reportable			0
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3				, ke	y em	plo	yee,	or r	nighest compensated er	nployee on	3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	4	For any individual listed on line 1a, is the s	sum of reportab	le co	•					•	the organization			v
the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5										ices rendered to	4	-	1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		the organization? If "Yes," complete Sche	•									5		X
the organization. NONE (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			ompensated in	depe	ende	nt c	ont	racto	rs t	hat received more than	\$100,000 of compe	 ensatio	n from	
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		the organization. NONE	·								· · · · · · · · · · · · · · · · · · ·			
			s address								ervices	Com		on
	_			_						·				
	_													
•														
	2			ot li	mite	d to			sted	above) who received n	nore than			

932008 02-04-10

497,043.

28,003.

356,677.

Form 990 (2009)

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	ion 501(c	:)(3) and 50	1(c)(4) organi	zations mus	t complete all columns.	
 	_		441			- /D\ //

	All other organizations must complete include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	-			······
	Grants and other assistance to individuals in				
	he U.S. See Part IV, line 22				***************************************
	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members			······································	·······
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan contributions (include section 401(k)				-
	and section 403(b) employer contributions)	<u> </u>			
	Other employee benefits				
0 6	Payroll taxes				
11	Fees for services (non-employees):				
a l	Management				
ы	_egal				
c /	Accounting	3,450.	3,450.		
d l	Lobbying				
e l	Professional fundraising services. See Part IV, line 17 📙				 .
f I	nvestment management fees				
g	Other				
12	Advertising and promotion				
13 (Office expenses				
	Information technology				
	Royalties			··	
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_ , . , _
	Conferences, conventions, and meetings				
_	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance 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)				
	INVESTMENT FEES	33,300.	33,300.		
	OTHER EXPENSES	7,265.	7,265.		
	BANK FEES	5,047.	5,047.		
d		,	-		
e					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	49,062.	49,062.	0.	0
	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				

932010 02-04-10

		(A) Beginning of year		(B) End of year
		683,580	. 1	431,815.
. ↓ 1	Cash · non-interest-bearing	003,300	2	431,013.
2	Savings and temporary cash investments	114,622		37,777.
3	Pledges and grants receivable, net	114,022		31,111.
4	Accounts receivable, net		4	······································
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees. Complete Part II		1_1	
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
- 1	Part II of Schedule L		6	-
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	······································	9	
10a				
	basis. Complete Part VI of Schedule D 10a 6,059	111.		F 107 000
b	Less accumulated depreciation 921	812. 5,281,834		5,137,299.
11	investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	1,894,898		2,637,188.
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	275,913		296,286 8,540,365
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,250,847		8,540,365
17	Accounts payable and accrued expenses	569,427	• 17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employ	ees,		
;	highest compensated employees, and disqualified persons. Complete	Part II		
i	of Schedule L		22	795,159.
23	Secured mortgages and notes payable to unrelated third parties	2,712,488	- 23	2,300,214
24	Unsecured notes and loans payable to unrelated third parties		24	· — · · ·
25	Other liabilities. Complete Part X of Schedule D	12,000		12,000
26	Total liabilities. Add lines 17 through 25	3,293,915	- 26	3,107,373
	Organizations that follow SFAS 117, check here X and cor	plete		
?	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,882,469	. 27	5,358,529
28	Temporarily restricted net assets	74,463	• 28	74,463
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here	ind		
5	complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,956,932	- 33	5,432,992.
34	Total liabilities and net assets/fund balances	8,250,847	. 34	8,540,365.

Form **990** (2009)

Form	990 (2009) HARBOUR SCHOOL FOUNDATION, INC. 52-20	45745	Pa	ge 12
Par	t.XI Financial Statements and Reporting			,
•	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	_X_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			HARBOUR	SCHOOL FOUN	DATIO	N, IN	<u>C.</u>			52	2-2045/45
Pε	rt [Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
Γhe	organ	zation is not a	a private foundation t	pecause it is: (For lines 1	through 1	1, check	only one b	ox.)			
1		A church, co	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)			
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3		A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)((A)(iii).			
4		A medical res	search organization o	perated in conjunction	with a hos	pital descr	rbed in se	ction 170	(b)(1)(A)(ii	ii). Enter ti	he hospital's name,
		city, and stat	e:								
5		An organizati	on operated for the I	oenefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	t describe	ed in
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6		A federal, sta	ate, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1	I)(A)(v).			
7		An organizati	on that normally rece	eives a substantial part i	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
		section 170((b)(1)(A)(vi). (Complet	te Part II.)							
8	X			ection 170(b)(1)(A)(vi). (
9				eives: (1) more than 33 1							
				octions · subject to certa							
				axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	after June 30, 1975
			509(a)(2). (Complete	•					_		
10	님			perated exclusively to tes							•
11	\Box			erated exclusively for th							
				itions described in section				z). See se c	tion sus(aj(S). One	eck the box that
		a Type		organization and comple Type II		e III - Func		enrated		d 🗔	Type III - Other
е	\Box			t the organization is not			-		r more dis		•
·				nan one or more publicly							
f				ten determination from t						- (- /(- /	
		_	rganization, check th				. , , , , ,	, ,,			
ç	1		•	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?	
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons c	described	ın (ii) and ((III) below,	Yes No
		the gov	erning body of the su	pported organization?							11g(i)
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)
		(iii) A 35%	controlled entity of a	person described in (i) of	or (II) above	∍?					11g(iii)
ř	1	Provide the f	ollowing information	about the supported or	ganizationi	(s).					
											
(i	Name	of supported	(ii) EIN	(iii) Type of organization	r ,	rganization		•	(vi) iş organızatı	s the on in col	(vii) Amount of
	orga	anization		(described on lines 1-9		sted in your document?		r support?	(i) organız U S	zed in the l	support
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
				(See manuchuns))	163	140	163	110	163	1.0	
											
					-						
											
					<u> </u>						
									1		
		 			-			 	 		
								1		1	
Tot	al								1		

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

52-2045745 Page 2 Schedule A (Form 990 or 990 EZ) 2009 HARBOUR SCHOOL FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 179,816. 112,363. 1427391. 522,520. 460,581. 152,111. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 152,111. 522,520. 460,581. 179,816. 112,363. 1427391. 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) 1427391. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008 179,816. 112,363. 1427391. 522,520. 460,581. 152,111. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties 2688416. 532,379. 558,932, 560,987. 572,998. 463,120. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 4115807. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 34.68 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ▶ X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

	rt.III Support Schedule for C)rganizations	Described in	Section 509(a)(2) (Complete only	if you checked the bo	ox on line 9 of Part 1)
Sec	tion A. Public Support						
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					1	
	membership fees received (Do not		,				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	ı					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received 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)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization	's first, second. thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	o organization	• ,,,	,,	,		▶□
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2009 (column (f))	-	15	%
16	Public support percentage from 2008		="	`"		16	%
	ction D. Computation of Inve					_1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from			. , ,,,,		18	<u> </u>
	33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2008. If the		-				and
-	line 18 is not more than 33 1/3%, che	-					▶□
20			•	•		_	▶
			·			hedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HARROUR SCHOOL FOUNDATION

Employer identification number 52-2045745

Da	4 I O-mo	nizations Maintaining Donor Advise		Other Similar Fund	de or Accou	Ints Complete if the
Par	_			Julier Sillillar Full	us of Accou	irts. Complete it the
	organi	zation answered "Yes" to Form 990, Part IV, line			(h) Euro	ds and other accounts
		<u> </u>	(a) Dono	or advised funds	(b) Full	ds and other accounts
1	Total number	at end of year				
2	Aggregate co	ntributions to (during year)			<u> </u>	
3	Aggregate gra	ants from (during year)				
4	Aggregate va	ue at end of year				
5	Did the organ	ization inform all donors and donor advisors in v	vriting that the	assets held in donor ad	vised funds	
		zation's property, subject to the organization's				Yes No
6		ization inform all grantees, donors, and donor a			oe used only	
		purposes and not for the benefit of the donor o				
		private benefit?				Yes No
Pai		ervation Easements. Complete if the org	anization answ	ered "Yes" to Form 990	, Part IV, line 7.	
1		conservation easements held by the organization			· · · · · · · · · · · · · · · · · · ·	
•		ation of land for public use (e.g., recreation or p		Preservation of an I	hietorically impo	ortant land area
		· · · · · · · · · · · · · · · · · · ·	reasure)	Preservation of a co		
	==	ion of natural habitat	_	Fleseivation of a co	er tinea mstone .	structure
_		ation of open space				
2		s 2a through 2d if the organization held a qualif	led conservatio	n contribution in the for	m of a conserva	ation easement on the last
	day of the tax	year.			F1	
						Held at the End of the Tax Year
а	Total number	of conservation easements			2a	
b	Total acreage	restricted by conservation easements			2b	
C	Number of co	nservation easements on a certified historic stru	ucture included	ın (a)	2c	
d	Number of co	nservation easements included in (c) acquired a	after 8/17/06		2d	
3	Number of co	nservation easements modified, transferred, rel	eased, extingui	shed, or terminated by t	the organization	during the tax
	year 🕨					
4	Number of sta	ates where property subject to conservation eas	sement is locate	ed ▶		
5		anization have a written policy regarding the per			_ of	
_		d enforcement of the conservation easements it		, , ,		Yes No
6		inteer hours devoted to monitoring, inspecting,		conservation easements	during the yea	ır >
7		penses incurred in monitoring, inspecting, and				
		onservation easement reported on line 2(d) above				<u> </u>
8			e satisfy the re-	quirements of section 1	7 ((1)(4)(1)(1)	Yes No
		70(h)(4)(B)(ii)?		- 14		
9		escribe how the organization reports conservati				
		olicable, the text of the footnote to the organizat	tion's financial s	tatements that describe	es the organizat	tion's accounting for
B	conservation	easements. Inizations Maintaining Collections o	f Art Histor	ical Traccurac or	Other Simil	ar Assats
ra					Other Jillii	ai Assets.
	Comp	ete if the organization answered "Yes" to Form	990, Fart IV, IIII	6 0.		
1a		ation elected, as permitted under SFAS 116, no				
		other similar assets held for public exhibition, ed		earch in furtherance of i	public service, p	provide, in Part XIV, the text of
		to its financial statements that describes these i				
b	If the organiz	ation elected, as permitted under SFAS 116, to	report in its rev	enue statement and bal	lance sheet wor	ks of art, historical treasures,
	or other simil	ar assets held for public exhibition, education, o	r research in fu	therance of public serv	ice, provide the	following amounts relating to
	these items:					
	(i) Revenue:	s included in Form 990, Part VIII, line 1			>	\$
	(ii) Assets in	cluded in Form 990, Part X			>	\$ \$
2	• •	ation received or held works of art, historical tre	asures, or other	sımılar assets for finan		
-	-	amounts required to be reported under SFAS 1			,	
а	•	cluded in Form 990, Part VIII, line 1			•	\$
b		led in Form 990, Part X			>	\$ \$
U	V996(9 IIIOIOC	ico in Form 550, Fart A			-	·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value	(c) N	Method of valuatend-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
GOVERNMENT SECURITIES	874,440.	END-OF-YEAR		
EQUITY SECURITIES	809,386.	END-OF-YEAR		
MUTUAL FUNDS	302,601.	END-OF-YEAR		VALUE
CORPORATE BONDS	435,339.	END-OF-YEAR		VALUE
OTHER INVESTMENTS	215,422.	END-OF-YEAR	MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	2,637,188.			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3		
(a) Description of investment type	(b) Book value	(c) h	Method of valua end-of-year mark	
				 .
				·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
			-	
				
				– ,
Make	100	····		
	 			
				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities. See Form 990, Part X,				
(a) Description of liability		(b) Amount		
Federal income taxes				
SECURITY DEPOSIT		12,000.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	≥ 25)	12,000.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10 Schedule D (Form 990) 2009

Sche	dulè D (Form 990) 2009 HARBOUR SCHOOL FOUNDATION,					<u>045745</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial	State	ments	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				043.
2	Total expenses (Form 990, Part IX, column (A), line 25)		_2		_		,062.
3 .	Excess or (deficit) for the year. Subtract line 2 from line 1		3				,981.
4	Net unrealized gains (losses) on investments		4			139	,166.
5	Donated services and use of facilities		5	<u> </u>			
6	Investment expenses		_ 6	 _ -			
7	Prior period adjustments		7	<u> </u>			007
8	Other (Describe in Part XIV.)		8	<u> </u>		<u> </u>	,087.
9	Total adjustments (net). Add lines 4 through 8		9			176	,079.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9 nto \A/id	th Poyonus		oturn	4/0	,060.
	t XII Reconciliation of Revenue per Audited Financial Stateme	IIICS AAII	iii neveriue	per n	1	938	,514.
1	Total revenue, gains, and other support per audited financial statements				<u>'</u> -	<u> </u>	7314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	139,	166.			
a	Net unrealized gains on investments Donated services and use of facilities	2b	1077		1 1		
D	Recoveries of prior year grants	2c			1 1		
d	Other (Describe in Part XIV.)	2d	302,	305.	1 1		
0	Add lines 2a through 2d				2e	441	471.
3	Subtract line 2e from line 1				3	497	,471. ,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			1		
c	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		,043.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expense	es per	Retur	n	
1	Total expenses and losses per audited financial statements				1	351	,367.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ł 1					
а	Donated services and use of facilities	2a			1 1		
b	Prior year adjustments	2b			- 1		
C	Other losses	2c	202	205	-		
d	Other (Describe in Part XIV.)	2d	302,	305.	1 1	202	205
е	Add lines 2a through 2d				2e	10	,305. ,062.
3	Subtract line 2e from line 1				. 3	47	,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		-	1 1		
b	Other (Describe in Part XIV.)	40			4c		0.
c	Add lines 4a and 4b Tatal avances. Add lines 2 and 4a. (This must equal Form 900. Part I. line 18.)				5	49	,062.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a	and 4: Part IV	lines 1	b and 2l	o: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						.,
,			· ·				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
BO	ARD DESIGNATED TRANSFER: -111087.						-
			 -		···		
DΔI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
1 711	(1 All) Hind 20 Other about the						
PRO	OGRAM EXPENSES: AUCTION: 27458.	_					
REI	NTAL EXPENSES: DEPRECIATION AND AMORTIZA	TION:	149894	•			
RE	NTAL EXPENSES: INTEREST: 124953.						
		•			Schedu	lle D (Form 9	90) 2009
93205	4 .10						

Schedule D (Form 990) 2009	HARBOUR SCHOOL FOUNDATION, INC.	52-2045745 Page
Part XIV Supplemental Info	ormation (continued)	<u> </u>
•		
DART VIII LINE 2D	- OTHER ADJUSTMENTS:	
	-	
PROGRAM EXPENSES:	AUCTION: 27458.	
RENTAL EXPENSES:	DEPRECIATION AND AMORTIZATION: 149894.	
RENTAL EXPENSES:	INTEREST: 124953.	
		
		-
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open To Public

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.

Inspection

HARBOU	R SCHOOL FOUNDATION	1, I	NC.		52-2045	745
	es. Complete if the organization answ					
• • •	e Solicita f Solicita g Special n or oral agreement with any individua , Part VII) or entity in connection with particulars or entities (fundraisers) pure	tion of tion of I fundra I (inclu- profess	non-g gover alsing ding o	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser sustody atrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		_				
		igspace				
Total						
3 List all states in which the organiza	tion is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	on or licensing.
					·	
LHA For Privacy Act and Paperwork	Reduction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	Schedule G (Forn	n 990 or 990-EZ) 2009

Pŧ	art-				t IV, line 18, or reported	more than \$	15,000	
•	Ι	on Form 990-EZ, line 6a. List events with	gross receipts greater th	(b) Event #2	(c) Other events	T		
			(5) 270111 11	(5) 215.11 112	(3, 2	(d) Tota (add col. (
			AUCTION	CASINO NIGHT			. (c))	Jyn
e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	78,568.	14,527.	2,167.	9	5,26	<u> 52</u>
	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	78,568.	14,527.	2,167.	9	5,26	<u> 62</u>
	4	Cash prizes			<u> </u>			
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	20,742.			2	20,74	12
Direct	7	Food and beverages						
	8	Entertainment Other direct expenses	5,855.	10,099.	40.	1	5,99	94
	10	•		·	>	(3	36,73	36
		Net income summary. Combine line 3, colum	n (d), and line 10		<u></u>	5	8,52	26
Pa	art	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than			
	\Box	\$15,000 on rount 990 cz, mie oa.		(b) Pull tabs/instant	/-) Oth	(d) Total g	amıng (add
Revenue	ļ		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) thro		
Rev								
	1	Gross revenue				 		
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs				<u> </u>		
	5	Other direct expenses					·····	
			Yes %	<u> </u>	Yes %			
	6	Volunteer labor	No No	No	No No	 		
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•			
	8	Net gaming income summary. Combine line	I, column (d), and line 7		>	<u> </u>	Yes	No
9	En	ter the state(s) in which the organization opera	tes gaming activities:					
á	als	the organization licensed to operate gaming ac	ctivities in each of these	states?		_9a	<u> </u>	
•	b If '	No," explain.						
10a	a W	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	10a		
ı	b If '	'Yes," explain						
11	_ Do	pes the organization operate gaming activities v	with nonmembers?			11		
12		the organization a grantor, beneficiary or truste Iminister charitable gaming?	ee of a trust or a member	r of a partnership or othe	r entity formed to	12		

Schedule G (Form 990 or 990 EZ) 2009 HARBOUR SCHOOL FOUNDATION, INC. 52-20	<u>4574</u>		age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	⊣ 1		
b An outside facility	<u>i</u>		
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?	15a		
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 of the third party:			
Name N			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	<u> </u>	<u> </u>
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

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

Inspection **Employer identification number** Name of the organization 52-2045745 HARBOUR SCHOOL FOUNDATION, INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (e) In (d) Balance due by board or default? agreement? person and purpose the organization? amount committee? Yes No Yes No Yes No To From 350,000 146,041 INNOVATIVE LEARNI X Х Х X 649,118. X Х INNOVATIVE LEARNI 0. Х 795,159 **Total** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount and type of (a) Name of interested person (b) Relationship between interested person and the organization assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's transaction transaction person and the organization revenues? Yes No

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HARBOUR SCHOOL FOUNDATION, INC.

Employer identification number 52-2045745

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF TRUSTEES REVIEWS FORM
990 PRIOR TO SIGNATURE AND FILING
FORM 990, PART VI, SECTION C, LINE 18: ALL DOCUMENTS REQUIRED TO BE
AVAILABLE FOR PUBLIC INSPECTION ARE PROVIDED UPON WRITTEN REQUEST TO THE
ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS REQUIRED TO BE
AVAILABLE FOR PUBLIC INSPECTION ARE PROVIDED UPON WRITTEN REQUEST TO THE
ORGANIZATION.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: INNOVATIVE LEARNING, INC.
(A) NAME OF PERSON: INNOVATIVE LEARNING, INC.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

Schedule R (Form 990) 2009 Employer identification number 52-2045745 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) X/A status (if section 501(c)(3)) 170(B)(1)(A)(I End-of-year assets Public charity <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total Income section 501(C)(3) ত ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MARYLAND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. EDUCATING STUDENTS, K-12 ► Attach to Form 990. Primary activity Primary activity HARBOUR SCHOOL FOUNDATION, INNOVATIVE LEARNING, INC. - 52-1173307 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 1277 GREEN HOLLY DRIVE ANNAPOLIS, MD 21401 Name of the organization Department of the Treasury Internal Revenue Service ₽art ⊞ Part

52-2045745

Page 2

Schedule R (Form 990) 2009 HARBOUR SCHOOL FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a)	9	<u></u>	9	(e)	-	£	(6)	Ê	6	•
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from fax index		Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?
		country)		sections 51	2-514)		assers	Yes No	1 1) Yes No
						-,			_	
										·
										
							İ			
								-		
										-
						_				
									-	
Part IV Identification of Related Orgonizations treated as a cort	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	poration or year.)	Trust (Complete if the	he organizatio	n answered "Y	es* to Form 990), Part IV, line 3	4 because	t had one or more	related
(a)			(q)	9	Đ	(e)		9	(6)	£
Name, address, and EIN of related organization	Z c	<u> </u>	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total Income	Share of Pend-of-year assets	Percentage ownership
			10 m							
										
		,								
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							_	_		

Schedule R (Form 990) 2009

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	I-IV?
Parts II, III, or IV of this schedule.	n engage in any of the following transactions with one or more related organizations listed in Parts II-IV
Note. Complete line 1 if any entity is listed in P.	1 During the tax year, did the organization of

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

- - Gift, grant, or capital contribution to other organization(s)
- Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)
 - Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets Ε
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. N

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
NOWATIVE LEADNING INC	-	497.467

INC (2) INNOVATIVE LEARNING, (1) INNOVATI

INC (3) INNOVATIVE LEARNING,

INC (4) INNOVATIVE LEARNING,

(2)	

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Schedule R (Form 990) 2009

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52-2045745

Page 4

Schedule R (Form 990) 2009 HARBOUR SCHOOL FOUNDATION, INC.

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

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

Primary activity Legal donnelle Area is partied of endodo legal designation of country) Year Indicator of Country Year Indicator Year Ind	Primary activity Legal donnels Primary activity Legal donnels Primary activity Legal donnels Primary activity Legal donnels Primary activity Prim	(a)	(q)	(Q)		(£)	(6)	£ ,
	Schedule R (Form 1990) 2009	Name, address, and EIN of entrty	Primary activity	Are all partners section 501(c)(3) organizations?	တ	ate ions?	Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	General or managing partner?
	Schedule R (Form 9800) 2009							_
	Streame R (Form 860) 2009							_
	Schedule R (Form 980) 2009				ļ			
	Schedule R (Form 960) 2009							
	Schedule R (Form 990) 2009							
	Schedule R (Form 960) 2009							
	Schedule R (Form 990) 2009	The state of the s						
	Schedule R (Form 990) 2009							
	Schedule R (Form 990) 2009							
								-
	Schedule R (Form 990) 2009							
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	Schedule R (Form 990) 2009							
	Schedule R (Form 990) 2009					_		
	Schedule R (Form 990) 2009							
	Schedule R (Form 990) 2009							
	Schedule R (Form 990) 2009							

34

Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization RENT (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

1

Sequence No 67

Identifying number

Business or activity to which this form relates

COMM'L-11251 DOLFIELD

HAR	BOUR SCHOOL FOUNDA	TION, INC	•	BLV	D, OWIN	IGS MILL	S, MD	52-2045745
Par	t Election To Expense Certain Prope	rty Under Section 17	79 Note: If yo	u have any list	ted property,	complete Part \	/ before yo	ou complete Part I.
	faximum amount. See the instruction						1	250,000.
	otal cost of section 179 property place						2	
	hreshold cost of section 179 property						3	800,000.
	leduction in limitation. Subtract line 3			er -0-			4	
					instructions		5	
6	ollar limitation for tax year Subtract line 4 from lin (a) Description of p		-U- II Maned III	(b) Cost (busine		(c) Elected	cost	· · · · · · · · · · · · · · · · · · ·
<u> </u>	(4)							
							-	
_								
7 1	retail are note. Enter the amount from	n line 20			7			
	isted property. Enter the amount from		un column (s) lines 6 and			8	
	otal elected cost of section 179 prop		in commin (c	o, illes o and	•		9	
	entative deduction. Enter the smaller		008 Earm 45	62			10	
	Carryover of disallowed deduction from				o) or line 5		11	· · · · · · · · · · · · · · · · · · ·
	Business income limitation. Enter the s						12	
	Section 179 expense deduction. Add				▶ 13		1.12	
	Carryover of disallowed deduction to 2 : Do not use Part II or Part III below for				P 10			
	TELE Special Depreciation Allows				de listed prop	erty I		*
							- 1	
	Special depreciation allowance for qua	aiitied property (otr	ner than liste	a property) pa	aced in Servic	e during	14	
	he tax year	14					15	
	Property subject to section 168(f)(1) e	ection					16	996.
	Other depreciation (including ACRS)	et inglisde lieted pi	roporty) (So	netructions '	٠, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10	
PAI	MACRS Depreciation (Do n	ot include listed pr		ection A	·			<u> </u>
							17	124,639.
	MACRS deductions for assets placed					▶ [յ	121/0031
18 If	you are electing to group any assets placed in se Section B - Asset:	rvice during the tax year	Into one or more	general asset acco	Ising the Ge	neral Denrecia	tion Syste	2 m
	Section B - Asset	(b) Month and		r depreciation	1	Torus Doproon		
	(a) Classification of property	year placed in service		nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
100	3-year property		-					
<u>19a</u>								
<u>b</u>	5-year property 7-year property		-		 			
_ <u>c</u> _	10-year property	-				 		
				· · ·	1			
<u>e</u>	15-year property 20-year property					 -		
	20 year property		1					
					25 vrs.		S/L	
_ 9_	25-year property				25 yrs.	MM	S/L S/L	
_g h		/	•		27.5 yrs.	MM	S/L	
	25-year property	/			27.5 yrs. 27.5 yrs.	MM	S/L S/L	
	25-year property				27.5 yrs.	MM MM	S/L S/L S/L	
h	25-year property Residential rental property Nonresidential real property	/ /	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	stem
h	25-year property Residential rental property Nonresidential real property Section C - Assets	/ /	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L s/L	stem
h i 20a	25-year property Residential rental property Nonresidential real property Section C - Assets Class life	/ /	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte	MM MM MM	S/L S/L S/L S/L iation Sys	stem
h i 20a b	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	/ /	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte	MM MM MM rnative Deprec	S/L S/L S/L S/L iation Sys S/L S/L	stem
h i 20a b	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	/ / / Placed in Service	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte	MM MM MM	S/L S/L S/L S/L iation Sys	stem
h i 20a b c	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See Instructions.)	/ / / Placed in Service	During 200	9 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte	MM MM MM rnative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L S/L	stem
h i 20a b c Pa	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.)	/ / / Placed in Service / / / / / / / / / / / / / / / / / / /		-	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte 12 yrs. 40 yrs.	MM MM rnative Deprec	S/L S/L S/L S/L iation Sys S/L S/L	stem
h i 20a b c Pa 21 1	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lir Total. Add amounts from line 12, lines	Placed in Service / / placed in Service / / ne 28 s 14 through 17, lir	nes 19 and 2	0 in column (g	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte 12 yrs. 40 yrs.	MM MM rnative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L S/L S/L S/L	
h i 20a b c Pa 21 1	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines Enter here and on the appropriate lines	Placed in Service / Placed in Service / / ne 28 s 14 through 17, lires of your return P	nes 19 and 2	0 in column (g and S corpora	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte 12 yrs. 40 yrs.	MM MM rnative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L S/L	125,635.
h i 20a b c Pa 21 1 22 1	25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lir Total. Add amounts from line 12, lines	Placed in Service / Placed in Service / / ne 28 s 14 through 17, lir es of your return P n service during th	nes 19 and 2	0 in column (g and S corpora	27.5 yrs. 27.5 yrs. 39 yrs. sing the Alte 12 yrs. 40 yrs.	MM MM rnative Deprec	S/L S/L S/L S/L S/L siation Sys S/L S/L S/L S/L S/L	

Form 4562 (2009)		BOUR SC										-2045		Page 2
Part V Listed Proper recreation, or a			rtain otl	her vehic	cles, cel	lular tele	phone:	s, certain	comput	ers, and	propert	y used fo	or entert	ainmen
Note: For any	vehicle for w	hich you are us	sing the	standar	d mileag	ge rate o	r dedu	cting lease	expens	se, com	olete on ly	y 24a, 24	1b, colur	nns (a)
through (c) of	<u>Section A, ali</u>	l of Section B,	and Sec	ction C if	f applica	able						_		
		on and Other											-i	
24a Do you have evidence to	support the bu	(c)	nt use ci	aimegy	<u> </u>	es	_ No	24b lf "Y			1		_ Yes L	<u> No</u> (i)
(a) Type of property	Date	Business/		(d) Cost or	Bas	(e) sis for depr	eciation	(f) Recovery		(g) thod/	1	(h) eciation		cted
(list vehicles first)	placed in service	investment use percentag	ot	ther basis	(bu	use only use only		period		vention		uction		on 179
25 Special depreciation all				, placed	In cond				.d		 			ost
used more than 50% in			property	Placeu	III SCIVI	ce dullin	y 111 0 10	ax year ar	· C	25				
26 Property used more that			ess use:								1		<u> </u>	***************************************
	Ţ <u>-</u>	·	6											
	1		6								1			
			6											
7 Property used 50% or I	ess in a qual	ified business	use:										•	
		9	6						S/L·					
		9	6						S/L·]	
	<u> </u>	9	6						S/L·]	
8 Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	ı line 21	, page 1				28	<u> </u>			
9 Add amounts in column	ı (ı), lıne 26. E	nter here and	on line	7, page	1							29	<u> </u>	
		S	ection l	B - Infor	mation	on Use	of Veh	icles						
Complete this section for ve														
f you provided vehicles to y hose vehicles.	your employe	es, first answe	er the qu	uestions	ın Secti	ion C to	see if y	ou meet	an exce	otion to	complet	ing this s	section f	or
					· ·				т					
				a)	1	(b)		(c)	1	d)	1	e)		f)
Total business/investment		uring the	Vel	nicle	Ve	hicle	<u> </u>	<u>ehicle</u>	Vel	nicle	Vel	hicle	Veh	ncle
year (do not include comi	,						 		 		 		 	
Total commuting miles	_	· ·					 		 		 		 	
2 Total other personal (no	ncommuting)) miles												
driven 3 Total miles driven during	a tha yaar								 		 		 	
Add lines 30 through 32	• .													
Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	ic ioi person	iai use	103	110	100	"	103	- 110	103	- 110	1-103		103	110
35 Was the vehicle used p	rimarily by a	more		 					<u> </u>	<u> </u>	1	1		
than 5% owner or relate											1	ĺ		
36 Is another vehicle availa	•	onal			_		<u> </u>					1		
use?								1			1	ł		
	Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employ	ees			
Answer these questions to	determine if	you meet an ex	xception	to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	15%
owners or related persons.		<u> </u>												
37 Do you maintain a writte	en policy stat	tement that pro	ohibits a	all persoi	nal use	of vehicl	es, ıncl	luding cor	nmuting	, by you	ır		Yes	No
employees?													<u> </u>	ļ
8 Do you maintain a writte		•								our/]	
employees? See the ins	structions for	vehicles used	by corp	orate of	ficers, c	directors	or 1%	or more	owners				<u> </u>	1
9 Do you treat all use of v	•												<u> </u>	<u> </u>
O Do you provide more th		- ·	-		ınforma	tion from	your e	employees	s about					1
the use of the vehicles,														-
Do you meet the require														
Note: If your answer to	<u>37, 38, 39, 4</u>	<u>0, or 41 is "Yes</u>	s," <u>do no</u>	ot comp	lete Sec	tion B fo	r the c	overed ve	hicles.	-				<u>.I</u>
Part VI Amortization (a)			(b)		(c)			(d)		(e)			(f)	
Description o	of costs		(b) amortization		Amortiza			Code		Amortiza	ition	Ar	nortization	
In Americanian of accept	not begins of		begins Ltax voc		amoun			section		period or pe	centage	fo	r this year	
2 Amortization of costs th	iai vegins du	ning your 2009	tax yea	21.	-		Ţ.							
				-	. — —		 				\dashv			
3 Amortization of costs th	at hearn ha	fore your 2000	tavvos	L	-	-	_1				43		5	359.
14 Total. Add amounts in		-	-		renort						44			359.
916252 11-04-09		oo mo manuudi	J. 101		, roport	_			_				orm 456 2	
310232 11-04-03													····· - 50/	- (2003)

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

► Attach to your tax return.

2

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

COMM'L- 1933 SEVERN

Identifying number

	BOUR SCHOOL FOUNDA'					ANNAPOL		1D 52-2045745
Part	Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have any li	sted pr	operty,	complete Part	/ before	you complete Part I.
1 Ma	aximum amount. See the instructions	s for a higher limit i	or certain businesses				1	250,000.
2 To	tal cost of section 179 property plac	ed in service (see	instructions)				2	
3 Th	reshold cost of section 179 property	before reduction	ın lımıtatıon				3	800,000.
	eduction in limitation. Subtract line 3						4	
	llar limitation for tax year Subtract line 4 from line			e instruct	ions		5	
6	(a) Description of pr		(b) Cost (busi			(c) Elected	cost	
7 Lie	sted property. Enter the amount from	n line 29			7]
	stal elected cost of section 179 property		in column (c), lines 6 and	d 7			8	
	entative deduction. Enter the smaller		• • · · · · · · · · · · · · · · · ·	-			9	
	arryover of disallowed deduction from		008 Form 4562				10	
	usiness income limitation. Enter the s			ero) or li	ne 5		11	
	ection 179 expense deduction Add						12	
	arryover of disallowed deduction to 2			▶	13			
	Do not use Part II or Part III below for				1		· · · · · · · · · · · · · · · · · · ·	1 - 1//11 - 1//
Par				ude list	ed prop	erty)		
	pecial depreciation allowance for qua				-			
	e tax year	annea property (or	ior than hoted property, p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14	
	roperty subject to section 168(f)(1) el	ection					15	
	ther depreciation (including ACRS)	COLION					16	
Par		ot include listed pr	operty.) (See instructions	s.)	•		1	
1 401	FIFE INACTO Depresiation (20).	ot molecule p	Section A					
47 M	ACRS deductions for assets placed	in service in tax ve	ears beginning before 200	19			17	6,302.
	you are electing to group any assets placed in se				heck here	▶ [7	
10 113	Section B - Assets	s Placed in Service	e During 2009 Tax Year	Using	the Ge	neral Deprecia	tion Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property				-			
	7-year property							
	10-year property							
e	15-year property							
-	20-year property							
<u> </u>	25-year property			2	25 yrs.		S/L	
		/			7.5 yrs.	MM	S/L	
	Residential rental property			$\overline{}$		1 1414	S/L	
h		/	[2	7.5 yrs.	MM		1
<u>h</u>		/				MM	S/L	
h i	Nonresidential real property	/			7.5 yrs. 39 yrs.			
	Nonresidential real property	/ / / Placed in Service	During 2009 Tax Year	3	39 yrs.	MM MM	S/L S/L	ystem
<u>i</u>	Nonresidential real property Section C - Assets	/ // // Placed in Service	During 2009 Tax Year	3	39 yrs.	MM MM	S/L S/L	ystem
i 	Nonresidential real property Section C - Assets Class life	/ // // Placed in Service	During 2009 Tax Year	Using t	39 yrs.	MM MM	S/L S/L ciation S	ystem
i 	Nonresidential real property Section C - Assets Class life 12-year	/ / / Placed in Service	During 2009 Tax Year (Using t	39 yrs. he Alte	MM MM	S/L S/L ciation S	ystem
i 20a b	Nonresidential real property Section C - Assets Class life 12-year 40-year	/	During 2009 Tax Year I	Using t	39 yrs. he Alte	MM MM rnative Depred	S/L S/L ciation S S/L S/L	ystem
i 20a b c	Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.)	/	During 2009 Tax Year	Using t	39 yrs. he Alte	MM MM rnative Depred	S/L S/L ciation S S/L S/L	
i 20a b c Par	Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line	/ / / / / / / / / / / / / / / / / / /		Using t	he Alte 12 yrs 40 yrs.	MM MM rnative Deprec	S/L S/L siation S S/L S/L S/L	
20a b c Par 21 L	Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines	// ne 28 s 14 through 17, lir	nes 19 and 20 in column	Using t	he Alte 12 yrs 40 yrs.	MM MM rnative Deprec	S/L S/L siation S S/L S/L S/L	
20a b c Par 21 L 22 T	Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from lire otal. Add amounts from line 12, lines inter here and on the appropriate lines	/ ne 28 s 14 through 17, lir	nes 19 and 20 in column artnerships and S corpoi	Using t	he Alte 12 yrs 40 yrs.	MM MM rnative Deprec	S/L S/L Siation S S/L S/L S/L S/L 21	
20a b c Par 21 L 22 T E 23 F	Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines	/ ne 28 s 14 through 17, lir es of your return. P n service during th	nes 19 and 20 in column artnerships and S corpoi	Using t	he Alte 12 yrs 40 yrs.	MM MM rnative Deprec	S/L S/L Siation S S/L S/L S/L S/L 21	6 202

Listed Property (include automobiles, certain other vehicles, cellular felephones, cartain computers, and property year of or entertainment of the control of the control of the control of spoke of the control of th	Form 45	62 (2009)	HAR	BOUR SC	HOOL	FOU	NDAT	ION,	IN	c.				2045		
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenently 24a, 24b, columns (a) through (c) of Section A. Despreciation and Other Information (Buttion: See the instructions for limits for passaging automobiles) 24a Do you have deducted to support the business/investment use claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without the claimed Vers. [No. 24b H**Yes, 'In the evidence without used the property placed of the claimed Vers. [No. 24b H**Yes, 'In the evidence without used the property placed vers. [No. 24b H**Yes, 'In the evidence without used the national vers. [No. 24b H**Yes, 'In the evidence without used the national vers. [No. 24b H**Yes, 'In the evidence without used the national vers. [No. 24b H**Yes, 'In the evidence without used the national vers. [No. 24b H**Yes, 'In the evidence without without the property placed vers. [No. 24b H**Yes, 'In the evidence without	Part \			utomobiles, ce	rtain oth	er vehic	les, cellu	ılar telep	ohone	s, certain	compute	ers, and	property	used fo	r enterta	ınment
Section A. Depreciation and Other Information (Cartum: See the instructions for limits for passenger automobiles) 24s De you have endince to support the business/investment use claimed? Yes No 24b is fives, is the endence written? Yes Ye	•	recreation, or a	musement.) <i>Jebicle for Wi</i>	hich vou are u	sina the	standard	i mileaci	e rate or	dedu	ctino lease	expens	e. comp	leteonly	24a. 24	b. colum	nns (a)
249 Do you have endance to support the business/investment use claimed?		through (c) of S	Section A, all	of Section B,	<u>and Sec</u>	tion C if	applicat	ole								
Cot		Section A -	Depreciati	on and Other	Informa	tion (Ca	aution: S	See the I	nstruc	tions for l	ımıts for	passeng	er auton	nobiles)		
Type of groperty (fist whiches first) globed in westment service uses percentage (part of the hasis with the first whiches first) globed in service uses procedured of the first whiches first the first percentage of the first whiches first the first percentage of the fir	24a Do	you have evidence to s	upport the bu	siness/investme	nt use cla	aimed?	Y	es 🗀	<u> No</u>	24b If "Y	es," is th	<u>ne evidei</u>	nce writt	ten?	Yes	No
Type of property (1st vibroiters 1st) shared an investment (1st vibroiters) placed an investment (1st vibroiters) placed an investment (1st vibroiters) placed an expense of the place of t		(a)				(d)					1	g)				
(B) Vehicle Ints) Service use pricentage of the roses of the control of the contr		pe of property														
used more than 50% in a qualified business use:	(IIS	(venicles first)			je Oti	ner basis		use only)	periou	Conv	ention	000			
26 Property used more than 50% in a qualified business use: 1	25 Spe	cial depreciation allo	wance for q	ualified listed	property	placed	ın servic	e during	the t	ax year an	ıd					
27. Property used 50% or less in a qualified business use: 194	used	d more than 50% in	a qualified b	usiness use								25_				
Section Sect	26 Prop	perty used more that	n 50% in a c	qualified busine	ess use:								_			
Section B Spile				9	6											
27 Property used 50% or less in a qualified business use:				9	6											
Section Sect				9	6					<u> </u>						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related parson. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles with the community of the year (do not include commuting miles) 30 Total business/investment miles driven during the year 22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 31 Total miles driven during the year. Add lines 30 through 32 32 Was the vehicle available for personal use during off-duly hours? 33 Was the vehicle available for personal use funding the year or related person? 34 Was the vehicle available for personal use? 35 Was the vehicle available for personal use? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles to your employees, obta	27 Prop	erty used 50% or le	ess in a qual	ified business	use:		_						,			
28 Add amounts in column (ii), lines 25 through 27 section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles On this business/investment miles driven during the year (do not include commuting miles) 1 Total commuting miles driven during the year 2 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 3 Was the vehicle available for personal use during off-duty hours? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 9 Do you treat the requirements concerning qualified automobile demonstration use? Note: If your enswer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 1 Description of costs that begins during your 2009 tax year. 43 Amortization of costs that begins before your 2009 tax year.				9	6						S/L·					
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45 Amortization of costs that began belone your zoos tax your	<u></u>															
45 Amortization of costs that began belone your zoos tax your																
	43 Am	ortization of costs th	at began be	efore your 200	tax yea	ar				<u> </u>	•		43			
							<u>o rep</u> ort						44			

916252 11-04-09

Form: 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

3

Name(s) shown on return

▶ See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

Identifying number

•						33 RIDGE		
HARE	SOUR SCHOOL FOUNDAY	TION, INC	•	CAT	ONSVILI	LE, MD	21228	52-2045745
Part	Election To Expense Certain Proper	ty Under Section 17	9 Note: If you	ı have any lisi	ted property,	complete Part	V before y	ou complete Part I.
1 Ma	ximum amount. See the instructions	for a higher limit f	or certain bu	sinesses			1	250,000.
2 Tot	al cost of section 179 property plac	ed in service (see	instructions)				2	
3 Thi	reshold cost of section 179 property	before reduction	ın lımıtatıon				3	800,000.
4 Re	duction in limitation. Subtract line 3	rom line 2. If zero	or less, ente	r -0∙			4	
5 Doll	ar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	0- If mamed filin	ig separately, see	instructions		5	
6	(a) Description of pr	perty		(b) Cost (busine	ess use only)	(c) Elected	cost	
7 Lis	ted property Enter the amount from	line 29			7		.,	
8 To	tal elected cost of section 179 prope	rty. Add amounts	ın column (c), lines 6 and	7		8_	
9 Te	ntative deduction. Enter the smaller	of line 5 or line 8					9_	<u> </u>
10 Ca	rryover of disallowed deduction from	line 13 of your 20	008 Form 456	32			10	
11 Bu	siness income limitation. Enter the s	maller of business	income (not	less than zer	o) or line 5		11	
12 Se	ction 179 expense deduction. Add li	nes 9 and 10, but	do not enter	more than lin	ne 11		12	
	rryover of disallowed deduction to 2				▶ 13			
	Do not use Part II or Part III below fo							
Part	II Special Depreciation Allowa	nce and Other De	epreciation (Do not includ	de listed prop	erty.)		
14 Sp	ecial depreciation allowance for qua	lified property (oth	er than listed	d property) pla	aced in service	e during		
-	e tax year						14	
	operty subject to section 168(f)(1) ele	ection					15_	
	her depreciation (including ACRS)						16	
Part		t include listed pr	operty.) (See	instructions)			
ţ-			Se	ction A				
17 M/	ACRS deductions for assets placed	n service in tax ye	ars beginnin	g before 2009)		17	12,598.
	ou are electing to group any assets placed in ser							
	Section B - Assets	Placed in Servic	e During 200	9 Tax Year l	Jsing the Ge	neral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recovery репоd	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					_		
b	5-year property							
С	7-year property							
d	10-year property					_		
e	15-year property							
f	20-year property							
9	25-year property				25 yrs.		S/L	
		/			27 5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L_	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 2009	Tax Year U	sing the Alte	rnative Depre	ciation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L_	
С	40-year	/			40 yrs.	MM	S/L	
Part								·
21 Li	sted property. Enter amount from lin	e 28					21	
	otal. Add amounts from line 12, lines		es 19 and 20) ın column (g), and line 21			
	iter here and on the appropriate line						22	12,598.
	or assets shown above and placed in							

portion of the basis attributable to section 263A costs

<u> </u>	neis or related persons.						
37	Do you maintain a written policy statement that	t prohibits	all personal use of vehicle	s, including commutir	ıg, by your	Yes	No
	employees?						
38	Do you maintain a written policy statement that	at prohibits i	personal use of vehicles,	except commuting, by	/ your	İ	İ
	employees? See the instructions for vehicles u	used by cor	porate officers, directors,	or 1% or more owners	s		
39	Do you treat all use of vehicles by employees	as personal	use?				
40	Do you provide more than five vehicles to your	r employees	, obtain information from	your employees abou	t		
	the use of the vehicles, and retain the information	tion receive	d?				
41	Do you meet the requirements concerning qua	alified auton	nobile demonstration use	?			
_	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do n	ot complete Section B for	r the covered vehicles.			<u> </u>
P	art VI Amortization				·		_
	(a)	(b)	(c)	(d)	(e)	(f)	

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during	g your 2009 tax year:				
3 Amortization of costs that began befor	e your 2009 tax year			43	
4 Total. Add amounts in column (f) See	the instructions for whe	ere to report		44	

916252 11-04-09

Form 4562 (2009)