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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

20**09**

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning 07/01, 2009, and ending		C	6/30,	20 10			
Вс	heck if app		D Emp	loyer ident	tification r	umber			
	Addres		86	-10616	06				
	7 -	change print or Number and street (or P O box if mail is not delivered to street address) Room/su	te E Tele	E Telephone number					
-	Initial n	type See 6269 EL FUERTE	(760) 448-	- 9820				
	Телтип	Specific City or town, state or country, and 7IP + 4	- 1 \	, 110					
-	Amend	Instruc-	G Gros	s receipts	s 2	3,313	223		
-	return Applica	the state of the s		his a group re		Yes	X No		
L	pendin	• I	affi	liates?	-	 			
_		SAME AS ABOVE		e all affiliates i	_	Yes	∐ No		
		empt status	_	No," attach a			/-		
		te: ▶ WWW.PACIFICRIDGE.ORG		oup exemption			/A		
	_	The state of the s	mation 20	06 M Sta	ate of legal	domicile	CA		
Pa	rt I	Summary							
	1	Briefly describe the organization's mission or most significant activities							
۵		IN A COMMUNITY THAT FOSTERS ACADEMIC EXCELLENCE, ETHICAL							
Š		RESPONSIBILITY AND GLOBAL ENGAGEMENT, PACIFIC RIDGE SCHOOL	PREPAR	ES					
Ę		STUDENTS FOR COLLEGE AND A PURPOSEFUL LIFE.							
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25°	6 of its net a	assets					
U Si	3	Number of voting members of the governing body (Part VI, line 1a)			:		17		
es	4	Number of independent voting members of the governing body (Part VI, line 1b)	-				17		
Ě		Total number of employees (Part V, line 2a)		5			63		
Ç		Total number of volunteers (estimate if necessary)					60		
•		Total gross unrelated business revenue from Part VIII, column (C), line 12							
		Net unrelated business taxable income from Form 990-T, line 34		: : : : : 71					
		The direction business taxable mount of the second relative of the s		· Уеаг		urrent Y	ear		
	8	Contributions and grants (Part VIII, line 1h)		14,929			,242.		
Ĭ.	9	Contributions and grants (Part VIII, line 1h)	<u></u>	66,765		6,916			
Revenue	40	Program service revenue (Part VIII, line 2g)							
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,490			,133.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,688		9,996. 17,029,390.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,88	35,892					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		1,296	<u>,582.</u>		
	14	Benefits paid to or for members (Part X, Solumin (A), line 4)		0			0.		
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,5	49,630		4,745	<u>,762.</u>		
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0	•		0.		
ă	b	Total fundraising expenses Part (X, த்வுமா (D) பூர் e 25) 🕨 564, 276.				_			
	17	Other expenses (Part IX, column (A), lines 11acm d, 11f-24f)		40,478		5,314	,022.		
		Total expenses Add lines 13-17 (must equal Per IX, column (A), line 25)	7,6	90,108	. 1	1,356	<u>,</u> 366.		
	19	Revenue less expenses Subtractione 18 from line 12	1	95 , 784	<u>. </u>	5 , 673	,024.		
0 0		and the second s	Beginnir	ng of Year	1	End of Y	ear		
t Assets	20	Total assets (Part X, line 16)	27,02	25,366	. 3	8,205	,090.		
ASB	21	Total liabilities (Part X, line 26)	22,6	22,450	. 2	8,130	,609.		
Š	22	Net assets or fund balances Subtract line 24 from line 20 ,	4,4	02,916	. 1	0,074	,481.		
	art II	Signature Block							
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and belief, first rue complete Declaration of preparer (other than officer) is based on all	and stateme	ents, and to	the best	of my k	nowledge		
		and belief, it is frue correct, and complete Deciatation of preparer (other than officer) is based on all	ınformation	of which p	reparer h	as aný ki	nowledge		
9	Sign	\ V/hles 1). X///X/		12/24/	10				
Here		Signature of officer		Date					
		I THILL D. HITCH DIRECTOR OF FINANCE							
•		Type or prnt name and title				· · · ·			
_		Preparer's Date Check	ıf	Prepare	er's identify	ing numb	er		
Par	d	signature 12 · (5 · 20) 9 emplo	ved 🕨 🗀	(see in:	structions) P001	7009			
Pre	parer's	Firm's name (or yours CBIZ MHM, LLC	EIN			326173	3		
Use	Only	if self-employed).	Phone	no b		95-20			
Mo	v the IE	address, and ZIP + 4 10616 SCRIPPS SUMMIT COURT SAN DIEGO, CA 92131 RS discuss this return with the preparer shown above? (see instructions)	, none i	~ -	. X		T T		
_		cy Act and Paperwork Reduction Act Notice, see the separate instructions. *				Yes	No 0 (2009)		
. 0	erivat	LY MULAND I APPINDIA NEUGUUN MULINUKS, SEE LIIE SEDAIALE MSKUUKUIS. ^				こしけい フラ	⊌ (∠∪∪∀)		

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Form 990 (2009)

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Part	Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ì		
	Schedule C, Part II	4	İ	Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ļ	
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	, 23z :	7.	
	Schedule D, Part VI	- 1 m		4.50
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	7 7 7 7		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	- A		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			1,5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		2.2	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	THE STATE	AND A	25.74
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	3.2	7	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		i
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	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 Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<u> </u>	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_		 28a		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		х
	Schedule L, Part IV	28b		_^
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	20-	ŀ	١.,
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١,,
	Part I	31	-	X
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	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	١	١.,	
	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? If "Yes," complete Schedule R, Parts II,	1		١
	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		İ	
	Schedule R, Part V, line 2	35_		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes,"complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		Х
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	Х	

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Enter 4-0 in not applicable U.S. Information Returns Information In	Form 9	90 (2009) 86-1061606		ı	Page 5
1a Enter the number reported in Box 3 of Form 1006, Annual Summary and Transmittal of U.S. Information Returns Enter 0-if not applicable	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter 0-in of applicable 16 10 10 10 10 10 10 10				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable 1b 0 c Did the organization combly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 63 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. (see instructions) 3b If Yes, has it filed a Form 990-T for this year? If Two, "provide an explanation in Schedule O 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, as for a signature or other authority over, a financial account, as for the financial account in a foreign country (such as a bank account, securities account, or other financial accounts). 5b If Yes, enter the name of the foreign country: ► 5ce the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aperty to a prohibited tax shelter transaction? 5b If Yes, duestion 5a of 5b, did the organization the filing filing the filing Prohibited Tax Shelter Transaction? 5c If Yes, For Question 5a of 5b, did the organization the form 8685. T) becosers by Tax-Exempt Entry Regarding Prohibited Tax Shelter Transaction is that were not tax deductible? 5c If Yes, did the organization include with every solicitation and apertity for goods and services provided to the payor? 5c If Yes, or did the organization include with every solicitation and apertity for which it was required to file Form 8282? Gid during the year 6c Pod the organization and property of the organization file	1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without so process reported on Form W-3, Transmittal of Wage and Tax 2		U.S. Information Returns Enter -0- if not applicable		, * , ****, *	
agaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note, if the sum of lines is and 2 as is greater than 250, you may be required to e-file this return. Note if the sum of lines is and 2 as is greater than 250, you may be required to e-file this return? Note, if the sum of lines is and 2 as is greater than 250, you may be required to e-file this return? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bill "Yes," has if filed a Form 990-T for this year? If "Not." provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country. bill "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction? cill "Yes," of question Sa or 55, did the organization file Form 8886-T, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization should may contributions that were not tax deductible? 7b If "Yes," did the organization normal propers promises a contribution and party for goods and services provided to the payor? 7c Unique that the granization should be entire the every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization shalt may receive deductible contributions under section 170(c). 6b If "Yes," and the organization of the value of the goods or services provided? 7c Organizations shalt may receive deductible contributions under section 170(c). 8 Did th	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		*	1
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 63 5 Statements, field for the calendar year ending with or within the year covered by this return. 2a 63 5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X b if Yes, has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 3a X 3b 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. (such as a bank account, securities account, or other financial account)? 4a X b if Yes, reter the name of the foreign country. 5b 5c 5c 5c 5c 5c 5c 5c			· ·	<u> </u>	لنسنا
Statements, filed for the calendar year ending with or within the year covered by this return 2			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization start may receive deductible contributions under section 170(c). a 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? b if "Yes," indicate the number of Forms 2826 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year c Did the organization of qualified intellectual property, did the organization file a Form 1089-C as required? 5 Provide the replace of qualified intellectual pro	2a			*	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has if flied a Form 990-T for this year? If "No." provide an explanation in Schedule 0		outside the trie scientific year or warm are year severed by the return :			<u> </u>
an Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? b Vall any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to question 5a or 5b, did the organization file Form 888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization side may receive deductible? 7b Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," indicate the number of Forms \$282 filed during the year. c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year. 7c If Indianation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file a	b	· · · · · · · · · · · · · · · · · · ·			302 1
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12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		· · · · · · · · · · · · · · · · · · ·]	المنت	= 1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12 a		12a	<u>L</u>	
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,	,	

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.

Section A. Governing Body and Management

0000	ion A. Coverning Body and management			
	Enter the number of voting members of the governing body.		Yes	No
1a	Enter the number of voting members of the governing body			'
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		X
_	any other officer, director, trustee, or key employee?	2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	Α
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-		х
_	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		X	-
а	The governing body?	8a		
b	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 reached at	Δ-		х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Λ_
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
/\CV	enue oode.j		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	Х	
11 A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	' '
h	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			İ
u	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	')		
-	available for public inspection. Indicate how you make these available. Check all that apply.	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ PHIL HITCH, 6269 EL FUERTE CARLSBAD, CA 92009			
	760-448-9830			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- 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)		(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee P or director	Institutional trustee	e Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RICHARD SAPP										
TRUSTEE/BOARD CHAIR	30.00	Х		Х				0.	0.	. 0
CARRIE DEDERICH										
TRUSTEE/SECRETARY	10.00	Х		Х				0.	0	0
PAT HOPF										
TRUSTEE/TREASURER	20.00	X		Х				0.	0	0
JOY BANCROFT								, ,		•
TRUSTEE	15.00	Х	1 1					0.	0	0
SCOTT BECTLER-LEVIN TRUSTEE	5.00	Х						0.	0	. 0
GARY BURDICK			П							
TRUSTEE	15.00	Х					ŀ	0.	0	, o
MIKE COIT			\Box							
TRUSTEE	15.00	X						l o.	0	o
STAR LERACH TRUSTEE	5.00	х						0.	0	0
JAY LICHTER										
TRUSTEE	15.00	X						0.	0	ļ
JANET MONTAG		•					Ι"			
TRUSTEE	5.00	X	1			ŀ		0.	0	l c
CHRIS NERO		<u> </u>								
TRUSTEE	5.00	l x						0.	0	c
RAFAEL PASTOR			\vdash				Г			
TRUSTEE	5.00	x						0.	0	ļo
SHAWN POOLE			$ \ $			<u> </u>				
TRUSTEE	15.00	х						0.	0	l o
EDWARD SANDERSON		<u> </u>	\Box	-		1				
TRUSTEE	15.00	X					ł	0.	0	l o
ALAN SCHULMAN		1								
TRUSTEE	5.00	Х						0	0	ļ c
ROBERTO WALZ		i -	П			1			<u> </u>	
TRUSTEE	5.00	l x			1	1		0	0	ļ o

Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)											
(A) Name and title	(B) Average			heck		hat app		(D) Reportable	(E) Reportal		(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from rela organizati (W-2/1099-M	ted ons	amount of other compensation from the organization and related organizations
WILLY AYYD										_	
DIRECTOR EILEEN MULLADY	5.00	X	\vdash					0.	_	0.	0
HEAD OF SCHOOL	40.00			х				418,290.		0.	6,072
PHILIP HITCH	10.00		\Box				\vdash	110,230.		· ·	0,072
DIRECTOR OF FINANCE	40.00			Х				158,211.		0.	6,072
ROBERT OGLE								····			
ASST HEAD OF SCHOOL/DEAN	40.00					Х		110,148.		0.	(
	_					-					
					-						
1b Total							▶	686,649.		0.	12,144
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos		ed al 3	bov	e) w	/ho re	ceiv	red more than \$100),000 in		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or or ch ind	tru Iividi	ste ual	e, :	key (emp	loyee, or highes	t compensa	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan 🛭	150	,000	0?	If "Y	es,	" complete Sched			4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,	e or accr	ue c	omp	ens	atio	n fro	om	any unrelated of			5 X
Section B. Independent Contractors	complete	00/100	iui o .	0 (0.	, su	ui pe	isul			• • •	
Complete this table for your five highest compensation from the organization.	compensat	ted II	ndep	enc	lent	con	trac	tors that receive	d more tha	an \$10	0,000 of
(A) Name and business add	ress						\top	(B) Description of ser	VICES		(C) Compensation
ATTACHMENT 2							#	Description of ser	VICES		
							\pm		· · · · · · - ·	_	
							+				
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received	*	
						•					Form 990 (2006

rt VIII	Statement of Revenue			-	86-1061606		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a	Federated campaigns	<u>1a</u>					
1a b c	Membership dues	ایما					}
c	Fundraising events	1.1		,			
d	Related organizations						
e	Government grants (contributions)	I . I					<u> </u>
f	All other contributions, gifts, grants,			, ,			
	and similar amounts not included above	, <u>1f</u>	10,123,242.				
e f	Noncash contributions included in lines	1a-1f \$	23,646.		, è		
h				10,123,242.			
			Business Code				
2a	TUITION AND FEES		611600	6,244,649.	6,244,649		
b	OTHER SCHOOL EVENT FEES		611600	671,636	671,636		
С							
d							
е							
f	All other program service revenue						
g	Total. Add lines 2a-2f		<u></u> ▶	6,916,285.	, ì.		,
3	Investment income (including divid	lends, interes	t, and				
	other similar amounts)		▶	17,826.			17,8
4	Income from investment of tax-exe			0		<u> </u>	
5	Royalties	. <u></u>	<u></u> ▶	0			
1		(ı) Real	(II) Personal			т <i>2</i>	
6a	Gross Rents				7 1780	- 1	
b	Less rental expenses			3,	*		
c	Rental income or (loss)			<u> </u>	and the second s		
d	Net rental income or (loss)			0			
7a	Gross amount from sales of	Secunties	(II) Other	- ,	er and and		
-	assets other than inventory	6,240,279	<u></u>				
b	Less cost or other basis						8'-^
		6,278,238		\$	* , , , , , , , ,	1.00	
c				-		· · · · · · · · · · · · · · · · · · ·	
d	Net gain or (loss)		<u> ▶</u>	-37,959.	· • • • • • • • • • • • • • • • • • • •	189.	-37,9
8a	Gross income from fundr	aising		- ***	'', '';	.**	
	events (not including \$	0.					
	of contributions reported on line 1	c)		♦ 15		•	
	See Part IV, line 18	а	11,090.	"		_	•
b					1 		
C	Net income or (loss) from fundrais		>	5,495			5,4
9a	Gross income from gaming activiti				· ,		·
	See Part IV, line 19				,		<u> </u>
b							
C	(, 5 5		· · · · · · · · · · · · · · · · · · ·	0.			
10a	Gross sales of inventory,]		*		
	returns and allowances						
b				<u> </u>	- 4		
⊢ °	Net income or (loss) from sales of Miscellaneous Revenue	inventory	Business Code	0			- - · · · · · · · · · · · · · · · · ·
-	-						
11a	MISCELLANEOUS REVENUE		611600	4,501	4,501		
Ь							
			1	İ		l	1
c							
d	All other revenue			4,501.			

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	0.			
2 Grants and other assistance to individuals in				
the U S See Part IV, line 22	1,296,582.	1,296,582.		
Grants and other assistance to governments,				
organizations, and individuals outside the				
U S See Part IV, lines 15 and 16	0.			
Benefits paid to or for members	0.			
Compensation of current officers, directors,	606,425.	431,033.	125,436.	10.056
trustees, and key employees	000,425.	431,033.	125,450.	49,956
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
Other salaries and wages	3,176,387.	2,925,249.	79,555.	171,583
	3,170,307.	2, 323, 213.	7,7,333.	171,303
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	192,172.	171,006.	10,365.	10,801
Other employee benefits	460,728.	429,817.	20,489.	10,422
Payroll taxes	310,050.	277,780.	15,655.	16,615
Fees for services (non-employees)	,			•
a Management	0.			
b Legal	10,301.	6,789.	3,512.	C
c Accounting	16,945.	0.	16,945.	C
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	214,552.	195,106.	9,367.	10,079
Advertising and promotion	280,981.	143,721.	0.	137,260
Office expenses	0.			
Information technology	218,981.	214,820.	2,409.	1,752
i Royalties	0.			
Occupancy	868,315.	779,295.	32,291.	56,729
'Travel	2,315.	2,113.	11.	191
B Payments of travel or entertainment expenses	ر ا			
for any federal, state, or local public officials	11,969.	C 025	757.	4 277
Conferences, conventions, and meetings	975,246.	6,935. 887,474.	48,762.	4,277 39,010
Interest	9/3,240.	007,474.	40,702.	39,010
Payments to affiliates	952,956.	883,947.	34,375.	34,634
	83,694.	59,690.	21,496.	2,508
Insurance	03,031.	33,030.		2,300
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)				
a EDUCATIONAL TRAVEL	566,941.	566,941.	0.	(
b STUDENT ACTIVITIES	314,982.	314,982.	0.	
c TRANSPORTATION	222,881.	222,881.	0.	
d ATHLETIC EXPENSES	146,329.	146,329.	0.	(
e ACADEMIC SUPPLIES	101,439.	101,439.	0.	(
f All other expenses	325,195.	292,347.	14,389.	18,459
Total functional expenses. Add lines 1 through 24f	11,356,366.	10,356,276.	435,814.	564,276
5 Joint Costs. Check here X 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	75,270.	67,898.	1,126.	6,246

JSA 9E1052 1 000

86-1061606

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	337,244.	1	379,167.
- 1	2	Savings and temporary cash investments	1,548,352.	2	2,303,909.
	3	Pledges and grants receivable, net	2,245,485.	3	2,645,760.
	4	Accounts receivable, net	1,869,956.	4	1,994,552.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II 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			,
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	6,896.	8	0.
,	9	Prepaid expenses and deferred charges	116,216.	9	271,994.
	10 a	Land, buildings, and equipment cost or 10a 21,836,784. other basis. Complete Part VI of Schedule D	_		
	ь	Less accumulated depreciation	17,907,014.	10c	19,366,261.
	11	Investments - publicly traded securities		11	25,613.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,994,203.	15	11,217,834.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,025,366.		38,205,090.
	17	Accounts payable and accrued expenses	528,643.	17	2,564,764.
	18	Grants payable		18	
	19	Deferred revenue	4,976,004.	19	6,448,042.
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			, ,
Ē		employees, highest compensated employees, and disqualified			
:::		persons. Complete Part II of Schedule L	4,500,000.	22	6,250,000.
	23	Secured mortgages and notes payable to unrelated third parties	12,117,803.	23	12,117,803.
	24	Unsecured notes and loans payable to unrelated third parties	500,000.	24	750,000.
	25	Other liabilities Complete Part X of Schedule D	000,000	25	100,0001
	26	Total liabilities. Add lines 17 through 25	22,622,450.	26	28,130,609.
		Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34.	,		
JCe	27	Unrestricted net assets	2,157,431.	27	7,428,721.
alai	28	Temporarily restricted net assets	2,245,485.	28	2,645,760.
60	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	e deservice en	30	n-m-
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	-
et	33	Total net assets or fund balances	4,402,916.	33	10,074,481.
2	34	Total liabilities and net assets/fund balances	27,025,366.	34	38,205,090.
_	J - T	Total radinated and not added and addition	2,,023,300.	_ , , , ,	30,203,030.

Form **990** (2009)

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PACIFI	C RIDGE S	CHOOL							86-10	61606
Part I	Reason fo	r Public Chari	ty Status (All organi	zations mi	ust comple	ete this p	art.) Se	e instruc	tions.	
The organ	nization is not	a private founda	tion because it is: (For	lines 1 thro	ugh 11, che	eck only o	ne box.)			-
1	A church, co	nvention of churc	ches, or association of	churches de	escribed in	section	170(b)(1	I)(A)(i).		
2 X	A school des	cribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedu	ıle E.)					
3	A hospital or	a cooperative ho	spital service organiza	tion describ	ed in sec	ction 170(b)(1)(A)(i	ii).		
4	A medical r	esearch organiz	ation operated in coi	njunction v	vith a hos	pital desc	ribed in	section	170(b)(1)(A)(iii). Enter the
	hospital's na	ime, city, and sta	te:							
5	An organiza	tion operated fo	r the benefit of a coll	ege or uni	versity owi	ned or o	perated b	y a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)							
6	A federal, sta	ate, or local gove	rnment or government	al unit desci	ribed in s	ection 17	'0(b)(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	described in	section 170(b)(1)(A)(vi). (Complete P	art II.)						
8	A community	trust described	in section 170(b)(1)(A)(vi). (Co	mplete Part	: II.)				
9	An organiza	tion that normall	y receives. (1) more	than 33 1/3	% of its su	pport fror	n contrib	utions, m	nembershi	p fees, and gross
	receipts from	m activities relat	ed to its exempt fund	ctions - sul	bject to ce	rtain exc	eptions,	and (2) n	o more t	han 33 1/3% of its
	support from	m gross investn	nent income and uni	related bus	siness taxa	ible incor	ne (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See sectio i	n 509(a)(2).	. (Comple	ete Part I	II.)		
10	An organizat	tion organized an	d operated exclusively	to test for p	oublic safety	y See s	ection 50)9(a)(4).		
11	An organiza	ition organized	and operated exclusi	vely for th	e benefit	of, to pe	rform the	e functio	ns of, or	to carry out the
			ublicly supported orga					•	•	, , ,
		_	at describes the type o				-	lines 11e		
	a Typ	_			e III - Funct	•	_			pe III - Other
e	-		rtify that the organiz				•			•
	•		on managers and oth	er than one	e or more	publicly s	supported	organiza	ations de	scribed in section
_		section 509(a)(2	•							
f	_		a written determinat	ion from t	he IRS tha	it it is a	Type I, 1	ype II, o	r Type III	supporting
	•	, check this box								
g	=		he organization accept	ed any gift o	or contribut	ion from a	ny of the			
	following per									<u> </u>
		•	or indirectly controls.		•	etner witi	n person	s describ	ea in (ii)	
			rning body of the supp	_	nization?					11g(i)
		•	rson described in (i) ab			• • • • •				11g(ii)
L			of a person described in		•	• • • • •			• • • • •	118(111)
h (i) Nome			tion about the supporte			1 (x) D.d		/	- 45-	() Amount of
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o		(v) Did ye the organ		organizat	s the ion in col	(vii) Amount of support
_			above or IRC section (see instructions)	governing (document?		of your port?		zed in the S ?	
			(366 maddetions))	Yes	No	Yes	No	Yes	No	
						1.00				
	-					1				
								1		
Total		i	I	I	I	1	I	1	1 1	

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

Schedule A (Form 990 or 990-EZ) 2009

Sched	ule A (Form 990 or 990-EZ) 2009			86	-1061606		Page 2		
Par	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.)								
Sect	ion A. Public Support		_						
Çale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u> </u>			_				
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	2 Sz 10 2	2.4.4	1852		,			
5	The portion of total contributions by each		17 多金、多						
	person (other than a governmental unit or			数数をなった。					
	publicly supported organization) included								
	on line 1 that exceeds 2% of the amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	shown on line 11, column (f)								
_6	Public support. Subtract line 5 from line 4	12 : 54°	1. T. T. T. T. T. T. T. T. T. T. T. T. T.	K3 47 5-, 7''.	The second second				
	tion B. Total Support	(=) 200E	(h) 2000	(-) 2007	(d) 2008	(-) 2000	40 T-1-1		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(a) 2006	(e) 2009	(f) Total		
7	Amounts from line 4					 			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.								
•	Net fromlated business	İ							
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10		10000000	14 VA. 1		\$500 X \$100 X \$100 X			
12					. <i></i>	12			
13	order reserved assurance, electronical destriction, electronical destriction and electronical destricti								
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2009 (line					14	%		
15	Public support percentage from 2008 S						<u>%</u>		
16a	33 1/3 % support test - 2009. If the c								
	this box and stop here. The organization								
D	33 1/3 % support test - 2008. If the c	_							
170	check this box and stop here. The org 10%-facts-and-circumstances test - 2								
114	or more, and if the organization management	•				· ·			
	Part IV how the organization meets								
	organization			_	•		—		
b	10%-facts-and-circumstances test -								
	15 is 10% or more, and if the org.		-		•				
	Explain in Part IV how the organization						-		
	supported organization				_	•			
18	Private foundation. If the organization								
	instructions								
						Schedule A (Form 99			

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

	tion A. Public Support					,	
Ca	ılendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						_
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					·	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)			<u> </u>	<u> </u>	ł	L
	tion B. Total Support	4 > 0005			1	1	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>				-
iva	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						1
_							
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on					· · · · · · · · · · · · · · · · · · ·	
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, co	olumn (f) divided l	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Schedu				<u> </u>	16	%_
<u>Sec</u>	tion D. Computation of Investment						
17	Investment income percentage for 2009 (lin					17	%_
18	Investment income percentage from 2008 S						<u></u> %_
19 a	33 1/3 % support tests - 2009. If the or	-					
	17 is not more than 33 1/3 %, check th						
b	33 1/3 % support tests - 2008. If the orga						
	line 18 is not more than 331/3 %, check		•	•	• •		
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see inst	ructions

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

86-1061606

PAC	IFIC RIDGE SCHOOL		86-1061606
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Similar Funds om 990, Part IV, line 6.	or AccountsComplete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		-
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	usors in writing that the assets held in dono	or advised
•	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, and		
•	used only for charitable purposes and not for the bei		
	purpose conferring impermissible private benefit?		
Par		the organization answered "Yes" to F	orm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the conservation		
•	Preservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space	Treservation	or a continea motorio stractare
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation contribution in th	e form of a conservation
-	easement on the last day of the tax year	d a qualified conservation contribution in the	e ionii oi a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a	` '	
3	Number of conservation easements modified, transf	•	
•	the tax year	orroa, roroadoa, oxurigalorida, or terrimiato.	o by the organization daming
1	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regarding		ling of
•	violations, and enforcement of the conservation eas	• .	- I I I I
6	Staff and volunteer hours devoted to monitoring, ins		
_	>	F9,	g ,
7	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easements	during the year
	▶ \$		and your
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	ion
•	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	• •	
9	In Part XIV, describe how the organization reports c		
-	balance sheet, and include, if applicable, the text of		•
	the organization's accounting for conservation ease	-	
Pai	t III Organizations Maintaining Collection	s of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under 5	SEAS 116 not to report in its revenue	statement and balance sheet works of
	If the organization elected, as permitted under sart, historical treasures, or other similar assets he	eld for public exhibition, education, or re	search in furtherance of public service
	provide, in Part XIV, the text of the footnote to its f	inancial statements that describes these i	tems
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or res	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		3 ,, 22 and
а	Revenues included in Form 990, Part VIII, line 1 .	3	> \$
	Assets included in Form 990, Part X		- · · · · · · · · · · · · · · · · · · ·

Par	Organizations Maintaini	ng Collect	tions o	f Art, Histo	rical	Treasure	s, o	r Other Similar	Assets(continue	ed)	
_						• • •						
3	Using the organization's acquisition,		i, and oti	her records,	check	any of the	tollo	wing that are a sig	initicant u	se of its		
	collection items (check all that apply	').										
а	Public exhibition			d	=		chan	ge programs				
b	Scholarly research			e	} (Other						
С	Preservation for future gen	erations										
4	Provide a description of the organiza	ation's colle	ections a	and explain h	now the	ey further t	he o	rganızatıon's exem	npt purpos	e in		
	Part XIV.											
5	During the year, did the organization	n solici tori	receive (donations of	art, hi	storical tre	asure	es, or other similar				
	assets to be sold to raise funds rathe	er than to b	e maint	tained as par	t of the	e organiza	tion's	collection?	[Yes		No
Par							ans	wered "Yes" to	Form 99	0, Part		
	IV, line 9, or reported an	amount on	Form	990, Part X	(, line	21.						
1a	Is the organization an agent, trustee								_			
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in	Part XI V ar	nd comp	lete the follo	wing t	able:						_
								Д	mount	•		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance											
	Did the organization include an amo							·	T	Yes		No
	If "Yes," explain the arrangement in			•							Ч	,
	t V Endowment Funds. Con		ganizat	ion answer	ed "Y	es" to Fo	rm 9	90 Part IV line	10	••		
		(a) Current		(b) Prior ye	$\overline{}$	(c) Two ye				(e) Fou	vears	back
1a	Beginning of year balance		, 103					(1, 11, 11, 11, 11, 11, 11, 11, 11, 11,	,	(-)	·	
	Contributions		.,103	482,	620	· · · · · · · · · · · · · · · · · · ·			,			
	Net investment earnings, gains,											
·	and losses				1							
а	Grants or scholarships			1,	022.							
	Other expenditures for facilities .				-							
e	and programs		İ								*	*
_	Administrative expenses		1,103	482,	539	• •						
			\longrightarrow									
	End of year balance		0.		103.							
	Provide the estimated percentage of the y ear end balance held as:											
a	Board designated or quasi-endowm			%								
b	Permanent endowment >	%										
		<u>%</u>	_									
3a	Are there endowment funds not in the	ne pos ses	sion of t	the organizat	ion tha	at are held	and	administered for th	ne	,		
	organization by									$\overline{}$	Yes	No
	(i) unrelated organizations							• • • • • • • • •		3a(i)	Х	
	(ii) related organizations									3a(ii)		Х
b	If "Yes" to 3a(II), are the related orga									3b		
4	Describe in Part XIV the intended us	ses of the c	organiza	tion's endow	ment	funds						
Par	t VI Investments - Land, Bui	ildings, an	d Equi	pment.See	Form	n 990, Pa	rt X,	line 10.				
	Description of investment			or other basis estment)		Cost or othe cases (other)	r	(c) Accumulated depreciation	(d) Book va	llue	
1a	Land					9,572,4	73.	•	T	9,5	72,4	73.
b	Buildings	🗀				0,300,6	_	1,676,556.			24,0	
С	Leasehold improvements	<u> </u>										
ď	Equipment					1,778,2	69.	707,767	<u> </u>	1.0	70,5	02 -
	Other	—			-	185,4		86,200	 		99,2	
	I. Add lines 1a through 1e. (Column		ual For	m 990 Part	X. colu					19,3		
. 5.0	Toolullii	,-,	1	000, r urtz	., 5516	(~), ///	J . U	(-/-//			, -	<u> </u>

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	n et value
Financial d	lerivatives			
	ld equity interests			
Other				<u> </u>
		_		
				<u> </u>
		-		
			<u> </u>	
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
	Investments - Program Related. See	-	13	
I alt VIII	(a) Description of investment type	(b) Book value	(c) Method of valuatio	
	(a) Description of investment type	(b) Book value	Cost or end-of-year market	et value
		 	<u> </u>	
				· · · · -
-				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	>		ļ
Part IX	Other Assets. See Form 990, Part X	, line 15.		
		(a) Description		(b) Book value
	JCTION IN PROGRESS			10,562,926.
	SSUANCE COSTS - NET			11,531.
EQUIPME	ENT NOT YET IN USE			643,377.
-				
		 		
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			11,217,834.
Part X	Other Liabilities. See Form 990, Part			11,21,,034.
1.	(a) Description of liability	(b) Amount	,	
Federal in	come taxes	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	,
			, "	
			1	ŧ
			7	
			`	•
				, ,
				*
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25)	▶		

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.

86-1061606 Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 17,029,390. Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 11,356,366. 2 5,673,024. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 -1,459Net unrealized gains (losses) on investments 4 5 5 6 6 7 Other (Describe in Part XIV) 8 R -1,459.Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 5,671,565 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 15,706,666. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a c Recoveries of prior year grants _______2c 2e -1,322,724.3 3 17,029,390. 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 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 17,029,390. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 10,035,101. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 10,035,101. 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 1,321,265. c Add lines 4a and 4b ... 1,321,265. Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 11,356,366. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete

this part to provide any additional information.	
SEE PAGE 5	

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

ALL ENDOWMENT FUNDS HELD BY PACIFIC RIDGE SCHOOL WERE UTILIZED DURING THE FISCAL YEAR ENDED JUNE 30, 2010. THEREFORE, AS OF JUNE 30, 2010 PACIFIC RIDGE SCHOOL NO LONGER HOLDS ANY ENDOWMENT FUNDS.

SCHEDULE D, PART X, LINE 2

PACIFIC RIDGE SCHOOL ADOPTED THE PROVISIONS OF FIN 48, ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS, AS OF JULY 1, 2009. BASED ON THE ORGANIZATION'S IMPLEMENTATION OF FIN 48 THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE IN THE AUDITED FINANCIAL STATEMENTS NOR WAS THERE A TAX LIABILITY RECORDED.

SCHEDULE D, PART XII, LINE 2D AND PART XIII, LINE 4B

FOR FINANCIAL STATEMENT PURPOSES TUITION ASSISTANCE IN THE AMOUNT OF \$1,296,582 IS NET WITH TUITION REVENUE. FOR TAX RETURN PURPOSES THIS ASSISTANCE IS REPORTED AS GRANTS AND INCLUDED WITH FUNCTIONAL EXPENSES ON FORM 990, PART IX.

OTHER RECONCILING ITEMS CONSIST OF EXPENSES RELATED TO THE PARENT'S

ASSOCIATION PROGRAMS IN THE AMOUNT OF \$24,683 WHICH WERE NET WITH REVENUE

FOR FINANCIAL STATEMENT PURPOSES. FOR TAX RETURN PURPOSES THESE

86-1061606

Schedule D (Form 990) 2009

Page 5

Part XIV Supplemental Information (continued)

EXPENSES WERE INCLUDED WITH PROGRAM EXPENSES ON FORM 990, PART IX.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization PACIFIC RIDGE SCHOOL

Employer identification number 86-1061606

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			,
_	brochures, catalogues, and other written communications with the public dealing with student admissions,			1
		2	x	·
	programs, and scholarships?			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			}
	describe If "No," please explain. If you need more space, use Schedule O (Form 990)	3	Х	
	THE NON-DISCRIMINATION POLICY WAS PUBLISHED ON ALL ADMISSIONS BROCHURES			
	AND NEWSPAPER PRINT ADS IN THE NORTH COUNTY TIMES, WHICH COVERS ALL OF			į
	NORTH COUNTY.			
				1
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
U		46	x	
_	nondiscriminatory basis?	4b	- ^`	\vdash
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	١.	l v	
_	with student admissions, programs, and scholarships?	4c	X	ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	<u> </u>
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O			
	(Form 990)			
		ļ		;
			,	
5	Does the organization discriminate by race in any way with respect to:		^. 	
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
-				· · · · ·
Δ	Educational policies?	5e		l x
C	Eddeational policies			
•	Use of facilities?	5f		x
•	Use of facilities?	-31	 	
_	Athletic programs?			x
g	Athletic programs?	5g	+	<u> </u>
	Other autonomical and attribute 2			x
ħ	Other extracurricular activities?	5h	-	 ^
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O			
	(Form 990).			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b		6b		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05		1	
	of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O		1	
	Form (990)	7	l v	

SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2009

Open to Public

ž Schedule I (Form 990) 2009 (h) Purpose of grant or assistance Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use | X Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 86-1061606 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ Attach to Form 990 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN Enter total number of other organizations (a) Name and address of organization or government PACIFIC RIDGE SCHOOL Internal Revenue Service Name of the organization Part II Part I

9E1288 2 000 87138Z A11C 12/9/2010

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) TUITION ASSISTANCE MUST COMPLETE FORMS REQUIRED RECOMMENDS THE FAMILY CONTRIBUTION PORTION. THIS INFORMATION IS GIVEN TO AS. A. REDUCTION OF THE TUITION PAYMENTS DUE: THEREFORE, THE ENTITY DOES ... THE FUNDS ARE NOT ACTUALLY TRANSFERRED TO THE STUDENTS BUT RATHER SERVE THE TUITION ASSISTANCE COMMITTEE WHICH USES THE FAST INFORMATION ALONG (d) Amount of non-cash assistance BY FAST, OUR OUT-SOURCED TUITION ASSISTANCE ANALYSIS PROVIDER. FAST 1,296,582 WITH OTHER FACTORS TO DETERMINE THE ASSISTANCE AMOUNT. (c) Amount of cash grant (b) Number of recipients SCHEDULE I, PART I, LINE 2 (a) Type of grant or assistance ALL FAMILIES REQUESTING TUITION ASSISTANCE Part IV Part III

λŞ

Schedule I (F	Schedule I (Form 990) 2009			Se-Toerene			rage 🗲
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in th 990) ıf addıtic	ne United States	. Complete if the ded.	organization answered	"Yes" on Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Complete this	te this part to	provide the infor	mation required i	n Part I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information.	
NOT HAV	NOT HAVE ANY FURTHER PROCEDURES IN PLACE TO MONITOR THE USE	PLACE TO M	ONITOR THE U	SE OF THE			
TUITION	TUITION ASSISTANCE.						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 	 				
1		; 	 				
i 1							
! 							
						Schedule I (Form 990) 2009	90) 2009

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

86-1061606

Internal Revenue Service Name of the organization

PACIFIC RIDGE SCHOOL

Department of the Treasury

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

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

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	- 58	(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation		benefits	(B)(ı)-(D)	reported in pnor Form 990 or Form 990-EZ
	€	345,690.			16,750.	6,072.	441,112.	0.
EILEEN MULLADY	: : :	0	0	0		0.	0	0.
	€	158,211.	0		9,116.	6,072.	173,399.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHILIP HITCH	(E)	0.	0.			.0	0.	
	(£)							\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(6)				1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(E)							
	(2)					1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(i)			1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(II)							
	(1)							
	(ii)							
	(i)			1	1			
	(i)				1	 		
	(ii)							
	(i)					 		
	(H)							
	(ı)	1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(11)							
	(i)		1 1 1 1 1 1 1		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(11)							
	(i)		1				1	
	(ii)							
	8	 	 		 			
	(II)							
	()	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(ii)							:
	(E)	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							Sche	Schedule J (Form 990) 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.

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

OMB No 1545-0047

2009
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

PACIFIC RIDGE SCHOOL						-	npioye 8.6		1606		ibei		
Part I Excess Benefit Transacations Complete if the organization answer	S(section	n 501(c)	(3) and section	on 501(c)(4) organization	ons only)							
	ereu re	SONFO	7111 990, Pan					an v,	ine 40	סע	(c) Co	rrected?	
1 (a) Name of disqualified person				(b) Description	of transaction	n				Yes No		
-												-	
												-	
 2 Enter the amount of tax imposed on the under section 4958 3 Enter the amount of tax, if any, on line 									> \$ _ > \$ _				
Part II Loans to and/or From Interest Complete if the organization ans				art IV. line 2	26. or Form 9	990-EZ. Pa	art V. I	ne 38	<u></u> а.	·			
(a) Name of interested person and purpose	(b) Loan	to or from anization?	(c) Orig principal a	ginal	(d) Bala		Т		(f) Ap	proved ard or nittee?) Written reement?	
	То	From					Yes	No	Yes	No	Yes	No	
ATTACHMENT 3						_	-	ļ		-		-	
	 						+				-		
									-				
	-	 					 	 				-	
Total				▶\$	6.3	250,000		L	ļ	İ		<u> </u>	
Part III Grants or Assistance Beneficomplete if the organization ans	itting I	nterest	ed Persons	5.	• •		•			•			
(a) Name of interested person	(b) R	elationsh	ip between inte organiza		on and the	(c)	Amoun	t and t	ype of	assista	ance		
	-					ļ.							
				•									
													
Part IV Business Transactions Invo					28a. 28b. or	28c.							
(a) Name of interested person	(b) F	Relations	nip between son and the	(c) Ar	nount of saction	(d) Des	scription	of tra	nsactio	on	organi	nanng of zation's nues?	
	-										Yes	No	
	+		-								_	1	
	 		<u> </u>										
												<u> </u>	
	1										I	1	

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PACIFIC RIDGE SCHOOL

Employer identification number

86-1061606

ATTACHMENT 1

FORM 990, PART III, LINE 2

THE SCHOOL CONTINUED TO EXPAND ITS ACADEMIC PROGRAM TO ACCOMMODATE THE PROGRESSION OF ITS STUDENT BODY BY IMPLEMENTING AN 11TH GRADE PROGRAM. APPROXIMATELY 48 STUDENTS SUCCESSFULLY STARTED AND COMPLETED THE 11TH GRADE AND WILL ENTER THE 12TH GRADE IN THE FISCAL YEAR ENDING JUNE 30, 2011.

FORM 990, PART VI, SECTION B, LINE 11A

THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND REPORTS TO THE BOARD ITS APPROVAL. AN ELECTRONIC COPY OF THE FINAL FORM 990 IS PROVIDED TO THE WHOLE BOARD FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

EACH TRUSTEE IS REQUIRED TO SIGN AND RETURN THE CONFLICT OF INTEREST POLICY AND RETURN IT IN SEPTEMBER OF EVERY YEAR. THE SCHOOL KEEPS A COPY IN THE ADMINISTRATIVE FILES. ADDITIONALLY, THE COMMITTEE ON TRUSTEES MEETS MONTHLY AND DISCUSSES ANY CONFLICT OF INTEREST ITEM THAT MAY HAVE ARISEN.

Employer identification number 86-1061606

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, SECTION B, LINE 15A

THE COMMITTEE ON TRUSTEES CHAIR REVIEWS THE HEAD OF SCHOOL CONTRACT
BEFORE THE EXPIRATION OF THE CONTRACT TERM (USUALLY A THREE YEAR TERM)
AND IN EACH YEAR DURING THE TERM OF THE CONTRACT. THE SCHOOL RECEIVES A
REPORT FROM NAIS WHICH COMPARES THE HEAD OF SCHOOL SALARY AND BENEFITS
AND PERCENTAGE INCREASE TO TEN COMPARABLE SCHOOLS. AFTER REVIEWING THE
COMPARATIVE DATA, THE CHAIR DETERMINES IF THE SALARY INCREASE IS IN LINE
WITH THE OTHER SCHOOLS AND RECOMMENDS APPROVAL TO THE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15B

THE DIRECTOR OF FINANCE SALARY IS RECOMMENDED BY THE HEAD OF SCHOOL TO
THE CHAIR OF THE COMMITTEE ON TRUSTEES. THE CHAIR USES A REPORT FROM NAIS
TO COMPARE TO TEN SIMILAR SIZED SCHOOL'S DIRECTOR OF FINANCE SALARIES
FROM THE PREVIOUS FISCAL YEAR. IF THE CHAIR DETERMINES THE RECOMMENDATION
IS IN LINE WITH THE REPORT, IT IS APPROVED.

FORM 990, PART VI, SECTION C, LINE 19

THE ARTCILES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT ON FILE BY THE DIRECTOR OF FINANCE AND ARE

Name of the organization
PACIFIC RIDGE SCHOOL

Employer identification number 86-1061606

ATTACHMENT 1 (CONT'D)

AVAILABLE UPON REQUEST IN WRITING AT ANY TIME.

	ATTACHMEN	T 2
990, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CARRIER JOHNSON 1301 3RD. AVE. SAN DIEGO, CA 92101	ARCHITECTURAL DESIGN	978,842.
HOFMAN PLANNING ASSOC. 3152 LIONS HEAD AVE. CARLSBAD, CA 92010	PLANNING/PERMITTING	382,193.
HIDDEN EYE SECURITY 42320 VIA NORTADA TEMECULA, CA 92590	SECURITY & FIRE	160,938.
TECHTEAM GOVERMENT SOLUTIONS 27335 W. 11 MILE RD. SOUTHFIELD, MI 48033	IT ASSISTANCE	101,634.
TOTAL COMPENSATIO	N	1,623,607.

SCHEDULE L, PART II				ATTACHM	MENT 3	
(A) NAME OF INTERESTED PERSON AND PURPOSE (B)	TO FROM (C)	ORIGINAL AMT.	(D) BALANCE DUE	(E) YES NO	(F) YES NO	(G) YES NO
EDWARD J. SANDERSON - CAMPUS EXPANSION	x	1,000,000.	1,000,000	х	x	x
RICHARD SAPP - CAMPUS EXPANSION	x	1,000,000.	1,000,000	х	x	x
RICHARD SAPP - CAMPUS EXPANSION	x	1,000,000.	1,000,000	х	x	x
ALAN SCHULMAN - CAMPUS EXPANSION	x	1,000,000	1,000,000	х	x	x
STAR LERACH - CAMPUS EXPANSION	x	1,000,000.	1,000,000	х	х	x
GARY BURDICK - CAMPUS EXPANSION	x	250,000	250,000	х	x	x
CHRIS NERO - CAMPUS EXPANSION	x	1,000,000.	1,000,000	х	x	х
TOTAL			6,250,000			

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Employer identification number 86-1061606

Attach to Form 990. PACIFIC RIDGE SCHOOL Name of the organization Department of the Treasury

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Part I

(f)
Direct controlling
entity N/A Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets 9,814,908 344,112. (d) Total income (c)
Legal domicile (state
or foreign country) CA(b) Primary activity RENTAL 20-5046782 CA 92009 CARLSBAD, (a)Name, address, and EIN of disregarded entity PRS ACQUISITION AND CONSTRUCTION, LLC 6269 EL FUERTE STREET CARLSI Part II

(f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2009

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Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009

Part III

(J) General or menaging partner?	Yes					(h) Percentage ownership					9002 (06
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					rm 990, Part	(g) Share of end-of-year assets					Schedule R (Form 990) 2009
(h) Disproportenate alocations?	Yes No				" on Fo						
(g) Share of end-of-year assets					answered "Yes (year.)	(f) Share of total income					
					organization during the tax	(e) Type of entity (C corp, S corp, or trust)					
Share of total income					omplete if the ration or trust	(d) Direct controlling entity					
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)			:	le as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part reanizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)					
(d) Direct confrolling entity					able as a Corpor d organizations tr	(b) Primary activity				,	
(c) Legal domicile (state or foreign	country)				ons Tax				 		
(b) Primary activity					elated Organizati	f related organization					
(a) Name, address, and EIN of related organization					Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization					
Ľ L					Part IV						

86-1061606	s (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)
Schedule R (Form 990) 2009	Part V Transactions With Related Organizations (Compl

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

יו אוני איני וייני איני וייני איני וייני איני וייני איני וייני איני וייני איני וייני איני וייני איני וייני איני	(a)	(0)	<u> </u>	(0)	€		€,
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
					-		
						_	
				:			
						Schedule R (Form 990) 2009	990) 2009

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

Internal Revenue S	Service			▶	File a sep	arate app	ofication for	each retu	rn.					
• If you are fi	iling for a	n Automatic 3-	-Mont	th Extens	sion, co	nplete o	nly Part I a	ind chec	k this b	ox				► X
• If you are for Do not complete		n Additional (N <i>Inless</i> you have												
Part I Auto	matic 3-	Month Exten	nsion	of Time	o. Only	submit o	riginal (no	copies	neede	ed).				
A corporation								-		-	box and co	omplete	•	
Part I only	• • • • •	<i></i> .					 .	• • • • •				· · · ·		.▶ □
All other corporations to file income			20-C f	filers), pa	artnershij	os, REM	ICs, and tr	rusts mu	ist use	Form 7	7004 to 1	equest	an exte	ension of
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Type or	Name of	Exempt Organiz	zation		-						Employ	er ident	ification i	number
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Instructions.		RLSBAD, CA				- · · · · · · · · · · · · · ·	,							
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Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227														
Form 990-EZ Form 990-T (trust other than above) Form 6069														
Form 990-			\sqcap	Form 104	•		,				rm 8870			
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for payment ins	structions	i.												
For Privacy Ad	ct and Pa	perwork Redu	uction	Act Noti	ice, see	nstructio)ng.					Form	8868 (R	ev. 4-2009)