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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable Marın Academy use IRS Address change 94-1186189 label or Doing Business As E Telephone number print or Name change type. See Specific (415) 453-4550 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 16,771,418 Terminated tions. City or town, state or country, and ZIP + 4 San Rafael, CA 94901 Amended return Application pending Name and address of principal officer Is this a group return for travis brownley affiliates? 1600 Mission Avenue San Rafael, CA 94901 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 K Form of organization 🔽 Corporation Trust 🗆 Association 🗀 Other 🕨 M State of legal domicile CA L Year of formation 1971 Summary Briefly describe the organization's mission or most significant activities Independent, co-educational, college preparatory high school located in san rafael, california Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 21 161 Total number of employees (Part V. line 2a) . . . 350 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,145,922 2,671,021 Program service revenue (Part VIII, line 2g) . 13,100,049 13,530,625 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 528,937 353,279 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115,292 149,513 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 15,890,200 16,704,438 2,340,483 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1.985.183 14 Benefits paid to or for members (Part IX, column (A), line 4) \cdot \cdot 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 8.708.284 9.053.790 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Ь Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 843,787 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,779,067 4,827,513 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,472,534 16,221,786 417,666 482,652 19 Revenue less expenses Subtract line 18 from line 12 . t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 55,904,467 57,178,886 Total liabilities (Part X, line 26) . . 19,568,709 19,415,603 22 36,335,758 37,763,283 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ***** 2011-05-06 Here Signature of officer michael joyce chief financial officer Type or print name and title Date Check if Preparer's identifying number Preparer's signature BARBARA CYPHERS Paid empolyed 🕨 🔽 Preparer's Armanino McKenna LLP Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 12667 Alcosta Boulevard Suite 500 Phone no 🕨 (925) 790-2600

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

San Ramon, CA 945834427

Part Statement of Program Service Accomplishments

Briefly describe the organization's mission

Mission Statement Marin Academy asks every individual to think, question, and create in an environment of encouragement and compassion, and challenges each person to accept the responsibilities posed by education in a democratic society School ProfileMarin Academy is an independent, coeducational, college preparatory high school, located in San Rafael, California It is a school which seeks to balance its commitment to providing an outstanding academic curriculum alongside a variety of challenging experiences - among them athletics, outdoor education, and service learning - when, taken as a whole, constitute a Marin Academy education The MA community is based on respect and trust, where students and teachers relate to each other as individuals as they encourage each other to "think," "question" and "create" The Marin Academy graduate is a self-directed, lifelong learner who approaches the world with sensitivity, creativity, passion, confidence and a strong sense of purpose

2	Did the organization undertake any sthe prior Form 990 or 990-EZ? .			┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O		
3	Did the organization cease conduction services?			┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O		
4	Describe the exempt purpose achieves Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganızatıons and section 4947(a)(1) trusts are required to report the a	
4a	(Code) (Expenses	\$ 12,104,650 including grant	s of \$ 2,340,483) (Revenue	\$ 13,530,625)
	Marin Academy is a co-educational, indepersing rigorous college preparatory with highly courses including more than 60 electives a positive impact on students' academic work courses in the arts, students take advantage photography, videography, and multimediate service learning program, a required week the need for ongoing growth and challenge studies, and study abroad	developed requirements in all academic are cross all disciplines with Honors offerings in k, Marin Academy is one of few schools in ge of opportunities in music, dance, and the a The average class size is 15 Marin Acade of experiential education each spring, and	eas The academic program is well developed every department. Recognizing that partition country with a two-year arts requirem eater, and explore media such as filmmak my's co-curricular programs include an arria highly-developed interscholastic athletic	ped and broad in scope, offering 110 cipation in the arts has a direct, ent for all students. With 32 full-time ing and animation, digital music, abitious outdoor education program, a program. The school also supports.
4b	(Code) (Expenses	\$ including grants	s of \$) (Revenue \$)
4c	(Code) (Expenses	\$ including grants	s of \$) (Revenue \$)
4d	Other program services (Describe	·	\	,
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses►\$	12,104,650		Farm 000 (2000)

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

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

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a:	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
а	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b 4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1600 Mission Avenue San Rafael, CA 94901 (415) 482-3213

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 24	_		
Ь	Enter the number of voting members that are independent 1b 21			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	,,,		
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		165	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	Michael Joyce CFO			

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

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

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

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

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

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

Form 990 (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >3

Form 990 (2009)									
Part \	<u>/++-1</u>	Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
nts ots	1a	Federated campaigns	1a						
g a	Ь	Membership dues .	1b						
£. ∰.	С	Fundraising events .	1c	113,000					
ਜ਼ੁੱਟ ਜ਼ੁੱ	d	Related organizations							
an S	e	Government grants (contr			ļ				
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gift similar amounts not includ Noncash contribution lines 1a-1f \$	ed above	2,558,021					
Ç ⊒ Ç	h	Total. Add lines 1a-1	f	▶	2,671,021				
				Business Code					
Program Serwce Revenue	2a	tuition		611,600	12,936,300	12,936,300			
	ь	transportation		611,710	215,357	215,357			
	С	student program servic		611,710	181,698	181,698			
ē.	d	mını-course fees		611,710	139,080	139,080			
<u> </u>	e	testing & deposits ret		611,710	58,190	58,190			
<u>z</u>	f	All other program ser	vice revenue						
Ě	g	Total. Add lines 2a-2	2f		13,530,625				
	3	Investment income (i	ıncludıng dıvıdend	ds, interest					
		and other similar amo	ounts)	▶ [353,279			353,279	
	4	Income from investment of		· · · · · · · · · · · · · · · · · · ·					
	5	Royalties							
	6a	Gross Rents	(ı) Real 50,337	(II) Personal					
	b	Less rental	30,337						
	-	expenses Rental income	50,337						
	С	or (loss)			50 227			50 227	
	d	Net rental income or	Securities	► (II) O ther	50,337			50,337	
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	Securities	(ii) o thei					
	ر. د	Gain or (loss)							
	d 8a	Net gain or (loss). Gross income from fu							
Other Revenue		events (not including \$113,000 of contributions repor See Part IV, line 18	rted on line 1c)	149,391					
Ě	Ь	Less direct expense Net income or (loss)		53,927	95,464			95,464	
J	9a	Gross income from ga See Part IV, line 19	amıng actıvıtıes	events r	33,101			55,101	
	b c	Less direct expense Net income or (loss)		/ities					
		Gross sales of invent returns and allowance	ory,less						
	ь	Less cost of goods s	a l	16,765 13,053					
	c	Net income or (loss)			3,712			3,712	
		Miscellaneous Reve		Business Code					
	11a								
	ь								
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-	-11d						
	12	Total revenue. See Ir	nstructions	.	16,704,438	13,530,625	0	502,792	

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.											
	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts consisted an lines 6h. (A) (B) (C) (D)										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,340,483	2,340,483								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	697,784	191,192	506,592							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	6,588,163	4,532,302	1,551,143	504,718						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	412,270	264,168	122,251	25,851						
9	Other employee benefits	841,360	592,304	202,861	46,195						
10	Payroll taxes	514,213	350,213	135,664	28,336						
11	Fees for services (non-employees)										
а	Management	99,255		99,255							
b	Legal	7,035		7,035							
c	Accounting	30,500		30,500							
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees	625		625							
g	Other	49,121	42,593	5,742	786						
12	Advertising and promotion	144,234		18,301	125,933						
13	Office expenses	168,187	95,666	68,863	3,658						
14	Information technology	159,250	132,992		26,258						
15	Royalties										
16	Occupancy										
17	Travel	7,745		7,745							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	133,387	76,634	56,753							
20	Interest	410,010	355,520	47,930	6,560						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,249,425	1,077,062	151,612	20,751						
23	Insurance	184,603	158,716	22,958	2,929						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	facilities	759,484	658,548	88,784	12,152						
b	educational	346,292	322,028	24,264							
c	transportation	317,506	317,506								
d	student activities	262,923	262,923								
e	miscellaneous	243,077	78,946	124,471	39,660						
f	All other expenses	254,854	254,854								
25	Total functional expenses. Add lines 1 through 24f	16,221,786	12,104,650	3,273,349	843,787						
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,459,210	1	3,893,422
	2	Savings and temporary cash investments	5,280,250	2	6,391,571		
	3	Pledges and grants receivable, net			875,107	3	1,468,543
	4	Accounts receivable, net			2,405,232	4	2,156,807
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			17,704	8	11,527
⋖	9	Prepaid expenses and deferred charges			161,331	9	308,648
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	41,860,882			
	ь	Less accumulated depreciation	10b	8,395,133	34,553,165	10c	33,465,749
	11	Investments—publicly traded securities			7,562,853	11	8,940,503
	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	589,615	15	542,116		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,904,467	16	57,178,886
	17	Accounts payable and accrued expenses .			1,127,524	17	1,053,460
	18	Grants payable				18	
	19	Deferred revenue			7,705,185	19	8,058,143
	20	Tax-exempt bond liabilities			10,736,000	20	10,304,000
<u>@</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
-5		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			19,568,709	26	19,415,603
-se		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27			
ä	27	Unrestricted net assets			27,525,326	27	27,310,311
Balance	28	Temporarily restricted net assets			690,145	28	1,862,695
<u> </u>	29	Permanently restricted net assets			8,120,287	29	8,590,277
Fund		Organizations that do not follow SFAS 117, check here ▶ and	d com	plete			
9		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
¥	33	Total net assets or fund balances			36,335,758	33	37,763,283
	34	Total liabilities and net assets/fund balances			55,904,467	34	57,178,886

Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both					
	Separate basis Consolidated basis Both consolidated and separated basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Inspection Employer identification number

Marin Academy Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

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

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
Marin Academy

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 9	(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)				
1	Aggregate value at end of year				
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	5	nor adv	ısed	□ Yes □ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	d donor advisors in writing that grant fund nefit of the donor or donor advisor, or for a	any othe	er purpose	┌ Yes ┌ No
Pai	t II Conservation Easements. Complete	e if the organization answered "Yes"	to Fori	n 990, Part :	IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure)	ı certifie	d historic stru	•
	easement on the last day of the tax year				
	Total number of concernation occurrents		<u> </u>	Held at th	e End of the Year
а	Total number of conservation easements	_	2a		
b	Total acreage restricted by conservation easement		2b		
C	Number of conservation easements on a certified hi	, ,	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or termina	ted by t	he organizatio	n during
ļ	Number of states where property subject to conserv	vation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, ha	ndling o	f violations, ar	nd Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments d	luring the year	<u> </u>
7	A mount of expenses incurred in monitoring, inspect	ıng, and enforcıng conservation easemen	ts durın	g the year ► \$	
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ection		┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of				
	the organization's accounting for conservation ease				
ar	t III Organizations Maintaining Collection Complete if the organization answered	ments ons of Art, Historical Treasures	, or Ot	her Similaı	Assets.
	t IIII Organizations Maintaining Collection	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea	nent and rch in fu	l balance shee	t works of
	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research	nent and rch in fu items and bal	I balance shee Irtherance of p ance sheet wo	t works of oublic service, orks of art,
La	Complete if the organization answered If the organization elected, as permitted under SFAs art, historical treasures, or other similar assets heliprovide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAs historical treasures, or other similar assets held for	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is	nent and rch in fu items and bal	I balance shee urtherance of p ance sheet wo erance of publ	t works of oublic service, orks of art,
1a	Complete if the organization answered If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is	nent and rch in fu items and bal	I balance shee urtherance of p ance sheet wo erance of publ	t works of public service, orks of art, ic service,
la	Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is 1 torical treasures, or other similar assets	nent and rch in fu items and bal in furth	I balance shee urtherance of p ance sheet wo erance of publ * \$	t works of public service, orks of art, ic service,
La b	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets heliprovide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X If the organization received or held works of art, his	ments ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is 1 torical treasures, or other similar assets	nent and rch in fu items and bal in furth	I balance shee urtherance of p ance sheet wo erance of publ * \$ scial gain, prov	t works of public service, orks of art, ic service,

3	Using the organization's accession and othe										continued)
•	items (check all that apply)	r records, effect un	, 01 11	10 1011	owing th	u. u	re a significa		150 01 115 001100		
а	Public exhibition		d	Г	Loan or	exc	:hange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further	the	organızatıon	's ex	xempt purpose	ın	
	Part XIV										
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang								'es" to Form ⁹	990,	
	Part IV, line 9, or reported an ar	nount on Form 99	0, Pa	art X	, line 2:	1					
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lan or other interme	ediary	for c	ontributi	ons	or other ass	ets		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	ble		г		T		
							-		An	nount	
с	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
_		(a)Current Year	(E)Prior	Year ,869,147	(c)1	Two Years Back	(d)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	8,289,929		9				+			
Ь	Contributions	642,490		-	144,805			+			
C	Investment earnings or losses	1,253,319		-1	,513,106			+			
d	Grants or scholarships							-			
e	Other expenditures for facilities and programs	402,412			210,917						
f	Administrative expenses										
g	End of year balance	9,783,326		8	,289,929						
2	Provide the estimated percentage of the yea	r end balance held a	as							l	
a	Board designated or quasi-endowment	12.190 %	-								
_	Permanent endowment * 87.810 %										
b	remailent endowment P										
c a-	remi endowment							J C	Al.		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	tnat a	re neia i	ana	administere	тог	tne	Yes	No
	(i) unrelated organizations								3a		No
	(ii) related organizations								3a(ii)	No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	ched	ule R?				3	b	Ī
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	nds						
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, line	10.			
	Description of investment				Cost or ot		(b) Cost or of basis (othe		(c) Accumulated depreciation	(d) E	Book value
1a	Land						3,050	,425			3,050,425
b	Buildings						37,576	,638	7,628,25	0	29,948,388
c	Leasehold improvements										
d	Equipment										
e	Other						1,233	,819	766,88	3	466,936
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B,), line	10(c).)			•			33,465,749
	· · · · · · · · · · · · · · · · · · ·	· ·							Schedule I) (Form	

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

Schedule D (Form 990) 2009

2

Total revenue (Form 990, Part VIII, column (A), line 12)

Total expenses (Form 990, Part IX, column (A), line 25)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

16,704,438

16,221,786

1

2

3 Excess or (deficit) for the y4 Net unrealized gains (losse	year Subtract line 2 from line 1			3 4	482,652 944,873
5 Donated services and use				5	311,075
Investment expensesPrior period adjustments				7	
8 Other (Describe in Part XI	V)			8	
9 Total adjustments (net) A10 Excess or (deficit) for the x	dd lines 4 - 8 year per financial statements Combine	lines 3 and 9		9	944,873
Part XII Reconciliation	of Revenue per Audited Financ	cial Statements V	Vith Revenue p		ırn
	other support per audited financial sta 1 but not on Form 990, Part VIII, line			1	15,375,808
-	nvestments	2a	944,873		
c Recoveries of prior year g	grants	2c			
d Other (Describe in Part Xe Add lines 2a through 2d	IV)	2d	66,980	2e	1,011,853
3 Subtract line 2e from line4 Amounts included on Fori	1	 ne 1		3	14,363,955
a Investment expenses not	t included on Form 990, Part VIII, line	7b . 4a			
b Other (Describe in Part Xc Add lines 4a and 4b	•	4b	2,340,483	4c	2,340,483
	3 and 4c. (This should equal Form 990 of Expenses per Audited Finar			5 per Re	16,704,438 eturn
1 Total expenses and losse statements	-			1	13,948,283
	1 but not on Form 990, Part IX, line 25	1 1			
a Donated services and useb Prior year adjustments .		2a 2b			
c Other lossesd Other (Describe in Part X)		2c	66,980		
e Add lines 2a through 2d				2e	66,980
3 Subtract line 2e from line4 Amounts included on Form	n 990, Part IX, line 25, but not on line	 1:		3	13,881,303
a Investment expenses notb Other (Describe in Part X)	included on Form 990, Part VIII, line	7b 4a 4b	2,340,483		
c Add lines 4a and 4b				4c	2,340,483
Total expenses Add lines Part XIV Supplemental	3 and 4c. (This should equal Form 990 Information), Part I, line 18) .		5	16,221,786
Part V, line 4, Part X, Part XI, li	e descriptions required for Part II, line: ne 8, Part XII, lines 2d and 4b, and Pa				
additional information Identifier	Return Reference		Explanat i	ion	
Part V , Line 4	Description of Intended Use of Endowment Funds		y Awards A Edward ctions Income froi		
		expenses, ie co		hop fees	, travel costs to and
		associated with p	development activ rofessional training ng, travel and progi	g Faculty	y must submit a
		school's E E For	d Foundation Comn	nıttee Pr	oposals should be shed and announced
		for the award B H	one or two schol	hallenge	Fund Restrictions
		benefit the facult		evelopme	Marın Academy to ent C Evelyn Flory the fund is
		restricted for use	by Marin Academy vities that help Ma	to supp	ort faculty
		Income from the	goals D Endowme fund supports com	pensatior	n for MA faculty
		provides half-yea	y Sabbatical Fund (r sabbatical fundin A cademy commun	g for fact	
		This sabbatical is	•	storative	and personal there
		must return for a taking their sabb	full (full-time) year atical FThoreau S	of services	e at MA after Made possible by a
		Chair represents	A cademy family, the the first endowed f	aculty ch	
		mentoring the sti	ident community, t	he Thore	
		II Endowed Stude		new Cliffo	ord Endowment Fund
		Income from the	emory of former stu fund is restricted fo ent each year that i	or use by	Marın Academy to
		1)recipient must	have established fi lingness to serve t	ınancıal r	need, 2)
		relationship with	and a caring and su fellow students, 3)	tries to e	xcel to make the
		participant in the	academic opportur extra-curricular lif , etc), 5)a person	e of the s	school (arts,
		citizenship Stude		de by a c	ommittee of school
		Endowment Fund	ased aid BDaniell Established in mer	mory of fo	ormer student
		use by Marın Aca		leadersh	nd is restricted for ip-training program ram. Funds are
		awarded to stude	nts to help pay for p training not avail	a wildern	ess experience or
		committee of fact	gs curriculum Stud	C Headm	aster's Cup
		Headmaster, Will	Established to hon iam McCluskey Fu at Marin Academy	ınds were	donated to support
		recognizes a grad of mind and chara	luating senior who icter that Marin Ac	demonsti ademy ai	rates the attitudes ims to foster
		the fund is restric	Awards of Special ted for use by Mar for students to cov	ın Acade	my to provide
		outings, field trip	s, sports equipmen	t and oth	
		otherwise not be	cial assistance to a able to attend Mari	n A cader	my FThe Carol L
		family of former t	p This fund was es rustee and alumni ; se Scholarship pro	oarent, C	arol Morse, in her
		assistance to an otherwise be able	underrepresented : to attend Marın A	student w cademy	vho would not G Scholarshıp Fund
		underrepresented	ulty Need-based fi I student each year	r III O th	ier Programs
		use by Marın Aca	al Fund Income from demy to support thes s of the school's a	ne speaki	ng fees, stipends
		B James F Thack Endowment unde	ner Endowment The rwrites the Thachei	James F r Lecture	Thacher Series, enabling
		or social leader t	the campus each	year to e	
		community Fund	A students, their fa s are used for spea ent expenses C Er	ker hono	rarıa, travel
		Crossroads and (restricted for sup	Community Partner port of the school's	ship Inco Crossro	ome from the fund is oads Program and
		cultivate diversit	partnerships As a y in all aspects of s	school life	e, the Endowment
		strengthen our pu	nd Community Part iblic responsibility ment Fund Income	to the br	oader community
Part X	Description of Uncertain Tax	for expenses at t	he discretion of the AS EVALUATED IT	school TS CURR	ENT TAX
	Positions Under FIN 48	2010, THE SCH	O HAS CONCLUDE OOL DOES NOT H	AVEAN	Y SIGNIFICANT
Part XII, Line 2d - Other		WOULD BE NECI			A RESERVE 053 special event
Adjustments Part XII, Line 4b - Other		expenses 53923	7	13(Special eveilt
A djustments Part XIII, Line 2d - Other				enue 130	053 special event

expenses 53927

financial aid 2340483

A djustments

A djustments

Part XIII, Line 4b - Other

Employer identification number

Schools

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

2009

Open to Public

Department of the Treasury Internal Revenue Service

990)

Marın Academy

Name of the organization

SCHEDULE E

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

94-1186189 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes The nondiscriminatory policy is published in the SF Chronicle each year with a list of other bay area schools. The policy is also on the school website and in admissions materials Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes

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DLN: 93493129012781

OMB No. 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Intern	al Revenue Service	🟲 Attaci	ı to Form 99	0 or Form 99	tions.	Inspection			
	ne of the organization					Employer ide	entification number		
Mar	rın Academy					94-118618	94-1186189		
Pa		ctivities. Completers are not require			tion answered "Yes" is part.	to Form 990, Part I'	V, line 17.		
1	Indicate whether the org	anızatıon raısed funds	through	any of the	following activities Ch	eck all that apply			
а	Mail solicitations			e	Solicitation of noi	n-government grants			
b	Internet and e-mail s	olicitations		f	Solicitation of gov	vernment grants			
c	Phone solicitations			g	Special fundraisir	ng events			
d	In-person solicitation	ns							
2a	Did the organization have or key employees listed						Г Yes		
b	If "Yes," list the ten higher to be compensated at lea								
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	custo	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
_									
Tota	al			▶					

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1 market night (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) To (Add col	tal Eve (a) th	
₽	1	Gross receipts	262,39	1			26	2,391
Reveilue	2	Less Charitable contributions	113,000				11	3,000
	3	Gross income (line 1 minus line 2)	149,39	1			14	9,391
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	12,98	L			1	2,981
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	40,940	5			4	0,946
	10	Direct expense summary Add line	es 4 through 9 in columr	(d)	$1, \ldots, 1, \ldots, \blacktriangleright_{-1}$		5	3,927
	11	Net income summary Combine lir			.			5,464
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th	
	1	Gross revenue						
9	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es	┌ Yes%	☐ Yes% ☐ No			
		Direct expense summary Add lines	_					
	1	iter gammy meeme sammar, seem	5 1, corum u, u				Yes	No
9 a	Is th	er the state(s) in which the organiza he organization licensed to operate				· 9a		
b	If"N	No," Explain						
10a b		e any of the organization's gaming l	icenses revoked, suspei	nded or terminated during	the tax year?	10a	<u> </u>	
11		s the organization operate gaming a	activities with nonmamb	are?				
12	Is th	he organization operate gaining a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	up or other entity			

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

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Department of the Treasury

Internal Revenue Service

DLN: 93493129012781

OMB No 1545-0047

Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States**

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

Open to Public

Name of the organization						Employer identification number		
Marın Academy						94-1186189		
Part I General Infor	mation on Gra	nts and Assistance				•		
the selection criteria us Describe in Part IV the	ed to award the gra organization's proc	substantiate the amount of t nts or assistance? edures for monitoring the us	e of grant funds in the	United States			✓ Yes ┌	
Form 990, Part	IV, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	00. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2 Entertetal number of a	ction F01/c\/2\	d government organizations		l		<u> </u>		
		d government organizations						
	ici organizations i	<u> </u>	<u> </u>	<u> </u>	<u> </u>	· · · · · ·		

Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.			

(a)Type of grant or assistance (b)Number of recipients financial aid/scholarships 93 See Additional Data Table	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table		2,340,483	fmv	financial aid/scholarships

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Financial aid is awarded by the admissions office to MA students with demonstrated financial need. The admissions office retains records to substantiate the awards. Awards are reviewed by the Business Office and Head of School.

DLN: 93493129012781

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

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

Open to Public

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspection
Name of the organize Marın Academy	zation	Employer identif	fication number
		94-1186189	

A Chack 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 First-class or chart	Part	Questions Regarding Compensation					
990, Part VII, Section A, line 1 a Complete Part III to provide any relevant information regarding these items First-class or charter travel				Yes	Νo		
Travel for companions							
Tax ideminification 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 in line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	Γ	rst-class or charter travel 🔽 Housing allowar	ice or residence for personal use				
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 2 Did the organization requires substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply □ Compensation committee □ Written employment contract □ Independent compensation consultant □ Compensation survey or study □ Form 990 of other organizations □ Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization or a related organization a Receive a severance payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Propersons listed in from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 Propersons listed in from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 5 Propersons 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? 5 Propersons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Propersons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lin	ſ	ravel for companions Payments for bu	isiness use of personal residence				
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 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 If Compensation committee Written employment contract Written employment contract Written employment contract Form 990 of other organizations 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 filling organization or a related organization a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only 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? 5 A Pro yelated organization? 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? 5 A Pro 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? 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 67 if "Yes," describe in Part III F	Γ	ax idemnification and gross-up payments	club dues or initiation fees				
reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 organization committee 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 organization organization committee Indicate which, if any, of the following the organization uses to establish the compensation of the organization organization committee Indicate which, if any, of the following the organizations uses to establish the compensation of the organization organization organizations organization uses to establish the compensation of the organization organization uses to establish the compensation of the organization organization uses to establish the compensation contingent or on thingent organizations organization uses to establish the compensation of the organization organization organization organization uses to establish the compensation of the organization organization? Indicate which, if any, of the following the organization uses to establish the compensation of the organization organi	Г	scretionary spending account Personal servic	es (e g , maıd, chauffeur, chef)				
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organization's CEO/Executive Director Check all that apply V Compensation committee V Ompensation survey or study V Form 990 of other organizations V Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only 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? 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? 6a hay related organization? 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 67 If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations				Yes			
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subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations					Νο		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	9	t to the initial contract exception described in Regs section 53 4958	-4(a)(3)? If "Yes," describe				
section 53 4958-6(c)/]				No		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	W-2 and/or 1099-MI	SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
	(i) Base compensation	(i) Base (ii) Bonus & incentive compensation		compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Travis brownley (i)	247,520 0	0	. , –		· '	280,669 0	0 0
mıchael joyce (ı)	202,375 0	0	0 0	0 0	,	225,923 0	0 0
anna heidinger (i)	162,578 0	0	0	0	· · · · · · · · · · · · · · · · · · ·	182,078 0	0 0

Part III Supplemental Information

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

Ident if ie	Return Reference	Explanation
		Marin Academy shall reimburse the Head for reasonable out-of-pocket expenses incurred in connection with Marin Academy's business, including costs of School functions at the Head's house, and travel expenses, food and lodging while away from home, subject to submission of satisfactory documentation to the Board of trustees or its designees and such policies as Marin academy may from time to time reasonably established for its employees. Reasonable out-of-pocket expenses to be reimbursed, in the sole discretion of the Board of Trustees or its designee, may include travel costs of a companion if and when accompanying the Head on School-related business, i.e., if a companion's presence is required as a condition of the Head's employment due to School-related business necessity. The value of the housing is excluded under Section 119(d)

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129012781

OMB No 1545-0047

Open to Public

Employer identification number

Inspection

Schedule K (Form 990) Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

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

Marın Academy 94-1186189 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No ABAG FINANCE AUTHORITY FOR to finance and refinance certain NONPROFIT CORPORATIONS 94-3130123 Noneavail 06-07-2006 8.300.000 Χ Χ renovations Part II Proceeds В C D Ε Total proceeds of issue 8,300,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds 8,300,000 Year of substantial completion 2007 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support

Part III **Private Business Use**

the final allocation of proceeds?

		Α		В		С		D			E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		×								

Х

Partiti Private Business Use (Continued)

		Α		В		C		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		×								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		3 000 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		3 000 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									

			A	E	3		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x									
2	Is the bond issue a variable rate issue?		Х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider						•				
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider						•				
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×								
6	Did the bond issue qualify for an exception to rebate?	х									
									Cahadul	a V /Earm 00/	0) 2000

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DLN: 93493129012781

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Name of the organization **Employer identification number** Marın Academy 94-1186189 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) O riginal principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
Total			🟲 s					•		•

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Stuart Lum	Trustee of Marın A cademy		interested person is also a trustee of the bank that holds a portion of school's tax-exempt debt Transaction amount represents interest paid on debt held by bank during the 2009- 10 fiscal year		No
					

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization Marın Academy

Employer identification number

В-	Tunne of Dunca :				94-1186189			
Рā	rt I Types of Property	(a)	(b)	(c)	(0	i)		
		Check If	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of c reve	letermi	nıng	
1	Art-Works of art	аррисавіе		I I I I				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	5	61,240	fmv			
	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—Other							
В	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
7	O ther ►()							
8	O ther ▶ ()							
9	Number of Forms 8283 received		=		29			
	for which the organization compl	etea Form	8283, Part IV, Donee Ackr	Towleagement			Yes	No
Ωa	During the year, did the organiza	ation receiv	e hy contribution any prope	erty renorted in Part I. lines	1-28 that it		163	140
	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require		200		No
h	If "Yes," describe the arrangement					30a		
1						21	Vac	
	Does the organization have a gif	•		•		31	Yes	
2a	Does the organization hire or us contributions?	e third part	ies or related organizations	s to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes," describe in Part II							
3	If the organization did not report	revenues	ın column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

> **EIN:** 94-1186189 Name: Marın Academy

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DLN: 93493129012781

OMB No 1545-0047

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization

► Attach to Form 990.

94-1186189

Employer identification number

Marın Academy

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The completed Form 990 is reviewed by the school's Audit Committee. The return is made available to the entire governing body before being filed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Inne 12c		All officers, directors, trustees, and key employees are required to disclose, at least annually, relationships that could give rise to conflicts. Reporting is done at several times during the fiscal and academic year. Each fall (September) trustees, officers, and key employees disclose any knowing or suspected conflicts on a written. Conflict of Interest Disclosure Form. Forms are collected at a regularly scheduled Board meeting and reviewed (by the audit chair) to identify conflicts. Additionally, several times during the year, trustees are polled at the start of board discussions that relate to executive compensation and other Board matters that might present conflicts of interest. Trustees are polled at the start of these discussions to declare any knowing or suspected conflicts. Declarations are noted in the Board minutes.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The school has created a compensation committee, composed of trustees who have no conflict with respect to compensation and assisted by the school's independent legal counsel, to review executive pay and compensation. Annually, the committee review's comparable executive salary and compensation data for the school's Head of School and Chief Financial Officer positions. The committee review's compensation data from independent school databases for National, California, and Bay Area schools. Recommendations for HOS and CFO compensation, with supporting documentation, are presented annually to the governing Board for review and approval, as appropriate

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The school makes its governing documents, conflict of interest policy, and audited financial statements available to the public primarily on a by-request basis. Documents and statements are available for viewing in the school's business office. Public inspection copies of the school's audited financial statements are also posted online at Guidestar com.

Identifier Return Reference		Explanation
FORM 990, PART XI, LINE 2C		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
Form 990, Part I, Line 6	Number of Volunteers	The school's parents association members volunteer at various school events and functions throughout the year Approximately 350 parents donate time to these activities each year

Software ID: Software Version:

EIN: 94-1186189
Name: Marın Academy

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

(A) Name and Title	(B) Average hours per		tion (that a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Travis brownley head of school	40 00	Х		х				254,720	0	25,949
pam keon chair	2 00	х		х				0	0	0
barry neal vice chair	2 00	Х		x				0	0	0
seth barad vice chair - finance	2 00	×		x				0	0	0
ann mathieson trustee	2 00	х						0	0	0
barbara waxman trustee	2 00	Х						0	0	0
braden more trustee	2 00	Х						0	0	0
emilie munger ogden trustee	2 00	Х						0	0	0
gray boyce trustee	2 00	Х						0	0	0
jeff chanin trustee	2 00	Х						0	0	0
jefferson coombs trustee	2 00	Х						0	0	0
juan carlos arauz trustee	2 00	х						0	0	0
lawrie mott trustee	2 00	Х						0	0	0
mıchael parısh trustee	2 00	Х						0	0	0
mitch cohen trustee	2 00	х						0	0	0
nancy saarman trustee	2 00	х						0	0	0
nicole stanton Faculty Trustee	40 00	Х						81,691	0	14,647
patrick bennett trustee	2 00	Х						0	0	0
paul sımpson trustee	2 00	х						0	0	0
philip ouyang trustee	2 00	Х						0	0	0
rebecca nelson sylla trustee	2 00	Х						0	0	0
rosemary morgan trustee	2 00	х						0	0	0
stuart lum trustee	2 00	х						0	0	0
trixie sabundayo Faculty Trustee	40 00	Х						80,291	0	14,563
michael joyce chief financial officer	40 00			×				202,375	0	23,548

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

(A) Name and Title	(B) A verage hours	1	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
anna heidinger director institutional adv	40 00					х		162,578	0	19,500	
joe harvey academic dean	40 00					х		130,062	0	19,209	
lynne hansen dean of students	40 00					х		130,062	0	19,209	
jennifer blake co-director of college cou	40 00					Х		126,810	0	18,706	
william henley co-director of college cou	40 00					х		126,810	0	17,354	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
tuition	611,600	12,936,300	12,936,300		
transportation	611,710	215,357	215,357		
student program servic	611,710	181,698	181,698		
mini-course fees	611,710	139,080	139,080		
testing & deposits ret	611,710	58,190	58,190		

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
facilities	759,484	658,548	88,784	12,152
educational	346,292	322,028	24,264	
transportation	317,506	317,506		
student activities	262,923	262,923		
miscellaneous	243,077	78,946	124,471	39,660