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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE HAMLIN SCHOOL	D Employer identification number	
		94-1393894	
		Doing Business As	
	E See Specific Instructions	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
		2120 BROADWAY STREET	
		City or town, state or country, and ZIP + 4	
		SAN FRANCISCO, CA 94115-1329	
F Name and address of principal officer: ANNE G. PAXTON SAME AS C ABOVE	G Gross receipts \$ 14,509,559.		
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "No," attach a list (see instructions)		
H(c) Group exemption number ►			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW.HAMLIN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1896	
M State of legal domicile: CA			

Part I Summary

Activities & Governance		TO EDUCATE GIRLS AND YOUNG WOMEN TO MEET THE CHALLENGES OF THEIR TIME.	
1	Briefly describe the organization's mission or most significant activities TO EDUCATE GIRLS AND YOUNG WOMEN TO MEET THE CHALLENGES OF THEIR TIME.		
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a) 3 28		
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 28		
5	Total number of employees (Part V, line 2a) 5 147		
6	Total number of volunteers (estimate if necessary) 6 400		
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.		
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h) 3,384,719. 4,241,417.		
9	Program service revenue (Part VIII, line 2g) 9,615,708. 9,958,974.		
10	Investment income (Part VII, column (A), lines 3, 4, and 7d) 333,133. 117,085.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8e-9c, 10c, and 11e) <40,297.> <111,835.>		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,293,263. 14,205,641.		
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,045,537. 1,083,128.		
14	Benefits paid to or for members (Part IX, column (A), line 4) 1,045,537. 1,083,128.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,865,209. 8,321,945.		
16a	Professional fundraising fees (Part IX, column (A), line 11e) 1,045,537. 1,083,128.		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 672,384.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,000,646. 4,119,479.		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,911,392. 13,524,552.		
19	Revenue less expenses. Subtract line 18 from line 12 381,871. 681,089.		
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16) 55,667,477. 57,846,209.		
21	Total liabilities (Part X, line 26) 25,056,088. 25,755,689.		
22	Net assets or fund balances Subtract line 21 from line 20 30,611,389. 32,090,520.		

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

Signature of officer

Date

Signature of officer

ANNE G. PAXTON, DIRECTOR OF FINANCE AND OPERATIONS

Type or print name and title

Type or print name and title		Date	Check if self-employed	Preparer's identifying number (see instructions)
Paid Preparer's Use Only	Preparer's signature ► <i>John G. Keeley</i>	MAR 30 2011	► <input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► HOOD & STRONG LLP, CPAS 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105	EIN ►		
		Phone no. ► (415) 781-0793		

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
"TO EDUCATE GIRLS AND YOUNG WOMEN TO MEET THE CHALLENGES OF THEIR TIME." THE PROGRAM AT HAMLIN AIMS TO DEVELOP THE INTELLECT, THE CHARACTER AND THE CITIZENSHIP OF EACH GIRL TO PREPARE HER TO FACE THE FUTURE WITH COURAGE AND CONFIDENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 9,563,832. including grants of \$ 1,009,943.) (Revenue \$ 9,550,552.)
PROVISION OF EDUCATIONAL CURRICULA TO GIRLS DAY SCHOOL GRADES
KINDERGARTEN THROUGH EIGHTH GRADE INCLUDING EXTRACURRICULAR ACTIVITY
AND FINANCIAL ASSISTANCE.

4b (Code) (Expenses \$ 57,907. including grants of \$ 300.) (Revenue \$ 98,292.)
HAMLIN SUMMER AND HOLIDAY CAMPS INTRODUCE STUDENTS TO KEY COMPONENTS OF
OUR COMMUNITY: THE CAMPUS, THE NEIGHBORHOOD AND OF COURSE, EACH OTHER!
THE CAMPS CONSIST OF MORNING AND AFTERNOON PROGRAMS WHERE STUDENTS
CREATE, PLAY AND LEARN TOGETHER.

4c (Code) (Expenses \$ 198,754. including grants of \$ 72,885.) (Revenue \$ 216,370.)
AFTER SCHOOL CARE PROVIDES QUALITY EXTENDED DAY PROGRAMMING FOR
HAMLIN'S WORKING FAMILIES; CREATES AN ENVIRONMENT EMPHASIZING COMMUNITY
AND YOUTH DEVELOPMENT; AND OFFERS A BALANCE OF STRUCTURED AND
INDEPENDENT ACTIVITIES.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 79,946. including grants of \$) (Revenue \$ 93,760.)

4e Total program service expenses ► \$ 9,900,439.

Part IV Checklist of Required Schedules

	Yes	No
1	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>
6		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	
12	<input checked="" type="checkbox"/>	
12A	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
14a		<input checked="" type="checkbox"/>
14b		<input checked="" type="checkbox"/>
15		<input checked="" type="checkbox"/>
16		<input checked="" type="checkbox"/>
17		<input checked="" type="checkbox"/>
18	<input checked="" type="checkbox"/>	
19		<input checked="" type="checkbox"/>
20		<input checked="" type="checkbox"/>

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets 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

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	90
1b		1b	0
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	147
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	X
5b		5b	X
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	28		
1b	28		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10b		
11		X
11A		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ANNE PAXTON - (415) 674-5417 2120 BROADWAY STREET, SAN FRANCISCO, CA 94115-1329

Form 990 (2009)

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
CATHRYN SCHEMBER <u>PRESIDENT</u>	1.00	X		X			0.	0.	0.
KEN JOHNSON <u>VICE-PRESIDENT</u>	1.00	X		X			0.	0.	0.
BRIAN MAY <u>TREASURER</u>	1.00	X		X			0.	0.	0.
LOUISA RITTER <u>SECRETARY</u>	1.00	X		X			0.	0.	0.
MALIEKA BUNDY <u>TRUSTEE</u>	1.00	X					0.	0.	0.
MARC CABE <u>TRUSTEE</u>	1.00	X					0.	0.	0.
AMY CUNNINGHAM ATKINSON <u>TRUSTEE</u>	1.00	X					0.	0.	0.
PETER ESTY <u>TRUSTEE</u>	1.00	X					0.	0.	0.
KAREN DIENST <u>TRUSTEE</u>	1.00	X					0.	0.	0.
HARRY HAIGOOD <u>TRUSTEE</u>	1.00	X					0.	0.	0.
WILL HEARST <u>TRUSTEE</u>	1.00	X					0.	0.	0.
ELENA REILLY MADSEN <u>TRUSTEE</u>	1.00	X					0.	0.	0.
PAM HOMMEYER <u>TRUSTEE</u>	1.00	X					0.	0.	0.
JANET HUNTER <u>TRUSTEE</u>	1.00	X					0.	0.	0.
MARGO LEAHY <u>TRUSTEE</u>	1.00	X					0.	0.	0.
ALLAN LOW <u>TRUSTEE</u>	1.00	X					0.	0.	0.
HOLLAND GOSS LYNCH <u>TRUSTEE</u>	1.00	X					0.	0.	0.

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JUSTINE MINER TRUSTEE	1.00	X					0.	0.	0.
DEBBIE GELLER REYNOLDS TRUSTEE	1.00	X					0.	0.	0.
LEESA MIAO ROMO TRUSTEE	1.00	X					0.	0.	0.
DAVID SCHMAIER TRUSTEE	1.00	X					0.	0.	0.
MAX RUSTON TRUSTEE	1.00	X					0.	0.	0.
RAJ ATLURU TRUSTEE	1.00	X					0.	0.	0.
MIKE HOUSE TRUSTEE	1.00	X					0.	0.	0.
JACKIE GRIMM KILIAN TRUSTEE	1.00	X					0.	0.	0.
KATHRYN LASATER TRUSTEE	1.00	X					0.	0.	0.
ERIC PROSNITZ TRUSTEE	1.00	X					0.	0.	0.
1b Total						►	646,078.	0.	84,768.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 4

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DARIOUSH 5912 BAGSHOTTE, OAKLAND, CA 94611	CAFETERIA FOOD SERVICE	538,028.
SIEGEL & STRAIN ARCHITECTS 1295 59TH STREET, EMERYVILLE, CA 94608	ARCHITECTS	278,097.
SAN FRANCISCO COMMERCIAL BUILDERS 926 NATOMA, SAN FRANCISCO, CA 94103	CONSTRUCTION SERVICES	182,475.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 518,160. 1d 1e 1f 3,723,257. 289,811. ► 4,241,417.			
Program Service Revenue	2 a TUITION FEES b AFTER SCHOOL PROGRAMS c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 611710 9,550,552. 611710 408,422. ► 9,958,974.			
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	► 117,035.			117,035.
	6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 518,160. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue	► 27,972. ► 50. ► 50. ► 27,972. ► 50. ► 50. ► 140,345. ► 140,345. ► 140,345. ► 538.			50. 27,972. 50. 140,345. 140,345. 538.
Other Revenue	11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	Business Code 611710 ► 538. ► 538. ► 14205641. ► 9,958,974.		0.	5,250.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	1,083,128.	1,083,128.		
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	492,629.	130,000.	310,629.	52,000.
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	6,020,677.	4,915,349.	750,355.	354,973.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	452,873.	351,966.	71,236.	29,671.
9 Other employee benefits	897,430.	777,627.	76,094.	43,709.
10 Payroll taxes	458,336.	370,912.	57,942.	29,482.
11 Fees for services (non-employees):				
a Management				
b Legal	23,433.		23,433.	
c Accounting	44,514.		44,514.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	22,295.	14,849.	7,446.	
12 Advertising and promotion	169,085.		16,331.	152,754.
13 Office expenses	18,202.		17,037.	1,165.
14 Information technology	108,007.	74,130.	33,877.	
15 Royalties				
16 Occupancy	438,335.		438,335.	
17 Travel	13,541.	1,140.	12,401.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,851.		9,851.	
20 Interest	998,351.		998,351.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,471,289.	1,471,289.		
23 Insurance	139,186.	107,869.	22,687.	8,630.
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.)				
a TEACHING TOOLS, SUPPLIES	250,278.	250,278.		
b SCHOOL ACTIVITIES/EVENT	131,165.	131,165.		
c FIELD TRIPS	120,085.	120,085.		
d HIRING EXPENSES	69,083.	69,083.		
e OTHER EXPENSES	61,210.		61,210.	
f All other expenses	31,569.	31,569.		
25 Total functional expenses. Add lines 1 through 24f	13,524,552.	9,900,439.	2,951,729.	672,384.
26 Joint costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	504.	1	504.
	2 Savings and temporary cash investments	2,506,031.	2	3,139,036.
	3 Pledges and grants receivable, net	1,277,749.	3	1,761,758.
	4 Accounts receivable, net	43,089.	4	50,541.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	162,408.	9	188,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,765,525.		
	b Less: accumulated depreciation	10b 13,331,131.	10c	30,434,394.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	20,458,346.	12	21,983,581.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	298,956.	15	288,248.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	55,667,477.	16	57,846,209.
Liabilities	17 Accounts payable and accrued expenses	1,499,045.	17	1,991,710.
	18 Grants payable		18	
	19 Deferred revenue	3,492,187.	19	3,714,832.
	20 Tax-exempt bond liabilities	20,049,147.	20	20,049,147.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	15,709.	25	0.
	26 Total liabilities. Add lines 17 through 25	25,056,088.	26	25,755,689.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,278,614.	27	23,129,659.
	28 Temporarily restricted net assets	3,932,200.	28	1,388,213.
	29 Permanently restricted net assets	7,400,575.	29	7,572,648.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,611,389.	33	32,090,520.
	34 Total liabilities and net assets/fund balances	55,667,477.	34	57,846,209.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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 separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

94-1393894

THE HAMLIN SCHOOL

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 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. _____

5 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)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 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

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e 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)

f 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

g 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) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

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

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 **Total support** (Add lines 9, 10c, 11, and 12)

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						

15 **Public support percentage for 2009** (line 8, column (f) divided by line 13, column (f)) %

16 **Public support percentage from 2008 Schedule A, Part III, line 15** %

Section C. Computation of Public Support Percentage

17 **Investment income percentage for 2009** (line 10c, column (f) divided by line 13, column (f)) %

18 **Investment income percentage from 2008 Schedule A, Part III, line 17** %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

THE HAMLIN SCHOOLEmployer identification number
94-1393894**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items
(check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs

e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13995501.	12456117.			
b Contributions	797,759.	1,946,134.			
c Net investment earnings, gains, and losses	540,891.	78,686.			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,348,229.	485,436.			
f Administrative expenses					
g End of year balance	12985922.	13995501.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 41.69 %

b Permanent endowment ► 58.31 %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,368,393.		12,368,393.
b Buildings		18,331,023.	11,057,871.	7,273,152.
c Leasehold improvements		9,844,163.		9,844,163.
d Equipment				
e Other		3,221,946.	2,273,260.	948,686.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

► 30,434,394.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(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	10,032,465.	END-OF-YEAR MARKET VALUE
Closely-held equity interests		
Other		
EQUITIES AND EQUIVALENTS	4,388,670.	END-OF-YEAR MARKET VALUE
FIXED INCOME & EQUIVALENTS	4,747,375.	END-OF-YEAR MARKET VALUE
BOND RESERVE FUND	1,433,309.	END-OF-YEAR MARKET VALUE
MONEY MARKET FUNDS	1,381,762.	END-OF-YEAR MARKET VALUE
Total: (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	21,983,581.	

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

21,983,581.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

1

Part X Other Liabilities. See Form 990, Part X, line 25

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,205,641.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	13,524,552.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	681,089.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	798,042.
9 Total adjustments (net) Add lines 4 through 8	9	798,042.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,479,131.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	13,942,737.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	798,042.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	<683,128. >
e Add lines 2a through 2d	2e	114,914.
3 Subtract line 2e from line 1	3	13,827,823.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	377,818.
c Add lines 4a and 4b	4c	377,818.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,205,641.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	12,441,424.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	12,441,424.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	1,083,128.
c Add lines 4a and 4b	4c	1,083,128.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	13,524,552.

Part XIV Supplemental Information

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

PART V, LINE 4: THE BOARD OF TRUSTEES OF THE SCHOOL HAS INTERPRETED

THE SPMIFA AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE SCHOOL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS

A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE

Part XIV Supplemental Information (continued)

DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURES BY THE SCHOOL IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY SPMIFA.

PART X: THE SCHOOL IS A TAX EXEMPT ORGANIZATION UNDER INTERNAL REVENUE SERVICE CODE SECTION 501(C) (3) AND THE CALIFORNIA TAX CODE. THE SCHOOL'S CURRENT ACCOUNTING POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. MANAGEMENT EVALUATED THE SCHOOL'S TAX POSITION AND CONCLUDED THAT THE SCHOOL HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS: 798042.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID: -1083128.

PLEDGE FROM PARENTS ASSOCIATION: 400000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE FROM PARENTS ASSOCIATION: -298265.

GROSS RECEIPTS FROM PARENTS ASSOCIATION: 676083.

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID: 1083128.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE HAMLIN SCHOOL

Employer identification number
94-1393894

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

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? **1 X**

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? **2 X**

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain
If you need more space, use Schedule O (Form 990)

**POLICY IS PUBLISHED IN THE SAN FRANCISCO CHRONICLE, THE
NEWSPAPER OF RECORD IN THE CITY AND COUNTY OF SAN FRANCISCO**

4 Does the organization maintain the following?
a Records indicating the racial composition of the student body, faculty, and administrative staff? **4a X**
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? **4b X**
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c X**
d Copies of all material used by the organization or on its behalf to solicit contributions? **4d X**
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).

5 Does the organization discriminate by race in any way with respect to.
a Students' rights or privileges? **5a X**
b Admissions policies? **5b X**
c Employment of faculty or administrative staff? **5c X**
d Scholarships or other financial assistance? **5d X**
e Educational policies? **5e X**
f Use of facilities? **5f X**
g Athletic programs? **5g X**
h Other extracurricular activities? **5h X**
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).

6a Does the organization receive any financial aid or assistance from a governmental agency? **6a X**
b Has the organization's right to such aid ever been revoked or suspended? **6b X**
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990). **7 X**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule E (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number
94-1393894

THE HAMLIN SCHOOL

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	WINTERFEST	GALA	2	
	(event type)	(event type)	(total number)	
1 Gross receipts	128,075.	386,082.	161,923.	676,080.
2 Less Charitable contributions		160,360.	56,400.	216,760.
3 Gross income (line 1 minus line 2)	128,075.	225,722.	105,523.	459,320.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs		10,884.	25,561.	36,445.
7 Food and beverages	14,143.	61,233.	9,427.	84,803.
8 Entertainment				
9 Other direct expenses	58,567.	65,403.	53,047.	177,017.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (298,265)
11 Net income summary Combine line 3, column (d), and line 10				► 161,055.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary Combine line 1, column (d), and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____

Yes	No
9a	
10a	
11	
12	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	
-----	--

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____
_____ Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	
-----	--

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	77	1,083,128.	0.		

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

THE SCHOOL GRANTS FINANCIAL ASSISTANCE TO FAMILIES BASED ON NEED.

FAMILIES ARE REQUIRED TO COMPLETE AN APPLICATION TO DEMONSTRATE NEED

AND TO SUBSTANTIATE THEIR APPLICATION BY PROVIDING THE SCHOOL COPIES OF

THEIR FEDERAL TAX RETURN AND ALL SCHEDULES AS WELL AS THEIR W-2 FORMS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE HAMLIN SCHOOL

Employer identification number

94-1393894

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes **No**

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

932111
02-02-10

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

1. Present communication from the organization on row (1) and from related organizations described in the instructions on row (ii)

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on Form W-9 and from others on Form W-9, Part VII. Do not list any individuals that are not listed on Form 990, Part VII.

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

Name of the Organization

Employer Identification number
94-1393894

THE HAMLIN SCHOOL

► See the Instructions for Form 990.

Name of the Organization **THE HAMLIN SCHOOL** Employer Identification number **94-1393894**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Schedule J-2 (Form 990) 2009

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

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization

THE HAMLIN SCHOOL

Employer identification number

94-1393894

OMB No. 1345-0047
2009
Open to Public
Inspection

SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS					
Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued
					(e) Issue price
					(f) Description of purpose
					(g) Defeased
					(h) On behalf of issuer
					Yes
					No
					Yes
					No

**ABAG FINANCE AUTHORITY
A FOR NONPROFIT CORPORATION** 94-313012300037CJY7 06/26/07

**REFINANCE"2002
BONDS" ;ACQUISITION**

X

B					
C					
D					
E					

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	20,049,147.				
2 Gross proceeds in reserve funds	1,433,309.				
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion	2009				
9 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes
10 Were the bonds issued as part of an advance refunding issue?	X				
11 Has the final allocation of proceeds been made?	X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				

Part III Private Business Use

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

822121 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2009
02-03-10

Part III Private Business Use (Continued)

	A	B	C	D	E
	Yes	No	Yes	No	Yes
3a Are there any management or service contracts with respect to the financed property which may result in private business use?					
b Are there any research agreements with respect to the financed property which may result in private business use?					
c 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?					
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	▲	%	%	%	%
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	▲	%	%	%	%
6 Total of lines 4 and 5		%	%	%	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?					

Part IV Arbitrage

	A	B	C	D	E
	Yes	No	Yes	No	Yes
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?					
2 Is the bond issue a variable rate issue?					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?					
b Name of provider					
c Term of hedge					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
4a Were gross proceeds invested in a GIC?					
5 Were any gross proceeds invested beyond an available temporary period?					
6 Did the bond issue qualify for an exception to rebate?					

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE HAMLIN SCHOOL

Employer identification number

94-1393894

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	289,811.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

THE HAMLIN SCHOOLEmployer identification number
94-1393894**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

THE HAMLIN MUSIC ACADEMY OFFERS A VARIETY OF AFTER SCHOOL MUSICAL INSTRUCTION. STUDENTS MAY REGISTER FOR INDIVIDUAL OR GROUP LESSONS IN FLUTE, GUITAR, PIANO, VIOLIN, CELLO, CLARINET OR SAXOPHONE.

EXPENSES \$ 79946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 93760.

THE AFTER SCHOOL ACADEMY ENCOURAGES THE DEVELOPMENT OF AN ACTIVE, HEALTHY LIFESTYLE FOR OUR STUDENTS. CLASSES INCLUDE CLIMBING WALL ACTIVITIES, HIP HOP DANCING, GYMNASTICS AND GOLF ADVENTURES.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO AND CONTROLLER FORWARD THE FORM 990 TO THE CHAIR OF THE AUDIT COMMITTEE FOR HER REVIEW PRIOR TO FILING. THE CHAIR OF THE AUDIT COMMITTEE IS ENCOURAGED TO REVIEW THE FORM 990 AND TO FORWARD HER QUESTIONS TO THE CFO AND/OR CONTROLLER. EITHER THE CFO/CONTROLLER AND THE ACCOUNTING FIRM ADDRESSES THE QUESTIONS FROM THE BOARD REPRESENTATIVE.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY. ANY POTENTIAL CONFLICTS ARE INVESTIGATED.

FORM 990, PART VI, SECTION B, LINE 15: FOR THE HEAD AND DIRECTOR OF FINANCE, THE BOARD COMPENSATION COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF BENCHMARK SALARY STATISTICS BEARING IN MIND THE KEY EMPLOYEE'S WORK EXPERIENCE, YEARS IN THE POSITION AT SCHOOL AND ANY EXTERNAL MARKET CONDITIONS RELATIVE TO THE COMPENSATION. A SIMILAR PROCESS IS CONDUCTED BY

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

932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

THE HAMLIN SCHOOLEmployer identification number
94-1393894THE SCHOOL ADMINISTRATION FOR OTHER KEY EMPLOYEES.FORM 990, PART VI, SECTION C, LINE 19: THE HAMLIN SCHOOL MAKES THE
STATEMENTS AVAILABLE UPON REQUEST AND PERIODICALLY MENTIONS THEIR
AVAILABILITY THROUGH THEIR MONTHLY COMMUNITY NEWSLETTER.FORM 990, PART XI, LINE 2CAUDIT COMMITTEE PROCESSTHE PROCESS OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR.SCHEDULE K, PART I, BOND ISSUES:(A) ISSUER NAME: ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS(F) DESCRIPTION OF PURPOSE:REFINANCE "2002 BONDS"; ACQUISITION AND DEVELOPMENT OF ADJACENT PROPERTYSCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:(A) NAME OF PERSON: LISA AQUINO(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:KEY EMPLOYEE - ADMISSIONS DIRECTOR(C) TYPE OF ASSISTANCE: FINANCIAL ASSISTANCE TO FAMILY MEMBERSCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:(A) NAME OF PERSON: BETSY BERMAN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:SPOUSE OF KEY EMPLOYEELHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

Supplemental Information to Form 990

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

► **Attach to Form 990.**

OMB No 1545-0047

2009
Open to Publ
Inspection

Name of the organization

THE HAMLIN SCHOOL

Employer identification number
94-1393894

(C) AMOUNT OF TRANSACTION \$ 15228.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF SPOUSES BUSINESS FOR SPECIAL EVENTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I

Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	THE HAMLIN SCHOOL	94-1393894
	Number, street, and room or suite no. If a P.O. box, see instructions. 2120 BROADWAY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94115-1329	

Check type of return to be filed(file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

ANNE PAXTON

- The books are in the care of ► 2120 BROADWAY STREET - SAN FRANCISCO, CA 94115-1329 FAX No. ►
- Telephone No. ► (415) 674-5417
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year or
 ► tax year beginning JUL 1, 2009, and ending JUN 30, 2010

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See Instructions	THE HAMLIN SCHOOL	94-1393894
	Number, street, and room or suite no. If a P.O. box, see instructions. 2120 BROADWAY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94115-1329	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► 2120 BROADWAY STREET – SAN FRANCISCO, CA 94115-1329
Telephone No. ► (415) 674-5417 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until MAY 15, 2011.
- For calendar year , or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

- State in detail why you need the extension

THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ <u>0.</u>
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ <u>0.</u>
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <u>0.</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Henry G. Shulley Title ► CPA

Date ► FEB 09 2011

Form 8868 (Rev. 1-2011)