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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

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

OMB No 1545-0047

A	or the	2009 cal	endar year, or tax year beginning AUG 1, 2009 and ending	JUL 31, 2010					
В	heck if	Please	C Name of organization	D Employer identific	ation number				
	Addre	use IRS label or	 MACKINTOSH ACADEMY						
	chang Name chang	type	Doing Business As	84-0	747083				
	Initial return	See	Number and street (or P 0 box if mail is not delivered to street address) Room/su						
Ļ	Termir	Instruc-	7018 S. PRINCE STREET	303-794-6222					
F	Ameno return Applic	- 1	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,987,418.				
L	Juon pendir		LITTLETON, CO 80120-3536 ne and address of principal officer:RENU ROSE	H(a) Is this a group re for affiliates?	Yes X No				
			E AS C ABOVE	H(b) Are all affiliates inc					
1	Гах-ехе		is: X 501(c) (3	→ ` '	list. (see instructions)				
J	Vebsit	te: ► WW	W.MACKINTOSHACADEMY.COM	H(c) Group exemption					
		organizatio		ear of formation 1977 N	State of legal domicile CO				
Pa	ert i	Summa	ary DDTXAME (CUOOT FOR CT	פחפה אאה				
Governance	1	TALEN	scribe the organization's mission or most significant activities: PRIVATE STED STUDENTS IN LITTLETON, COLORADO.		·				
ern	I	Check this		1	sets.				
ĝ			f voting members of the governing body (Part VI, line 1a)	. 3					
ಿ ರ ഗ	1		f independent voting members of the governing body (Part VI, line 1b)	. 4					
Activities &			ber of employees (Part V, line 2a) ber of volunteers (estimate if necessary)	6					
cţi			s unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.				
_	1		ated business taxable income from Form 990-T, line 34	. 7b	0.				
			•	Prior Year	Current Year				
ē	8	Contributi	ons and grants (Part VIII, line 1h)	86,500.	162,524.				
Revenue			service revenue (Part VIII, line 2g)	1,561,438.	1,791,302.				
Ŗ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	30,044.	18,372.				
	l ~-		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,031.	15,220.				
_			Die-add Ince 8-through 11 (must equal Part VIII, column (A), line 12)	1,709,013. 110,207.	1,987,418.				
	13	Grants-an	osimilar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)	110,207.	132,331.				
s	154	Balanes 6	triger compensation employee benefits (Part IX, column (A), lines 5-10)	1,189,054.	1,401,801.				
Expenses	16a	Profession	nal fundraising fees [Part IX, column (A), line 11e)	• •					
p			traising expenses Part IX, column (D), line 25)						
Û	17	Other exp	enses (PartiX, column (A), lines 11a-11d, 11f-24f)	395,961.	371,499.				
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,695,222.	1,925,851.				
	19	Revenue I	ess expenses. Subtract line 18 from line 12	13,791.	61,567.				
ts or			ļ	Beginning of Current Year	End of Year				
Sse' Bala	20		ets (Part X, line 16)	2,468,931. 1,518,977.	2,432,495. 1,420,974.				
Net Assets or Fund Balances	21		ities (Part X, line 26)	949,954.	1,011,521.				
	22 art II		s or fund balances. Subtract line 21 from line 20 ture Block	242/224.	1,011,321.				
يستسا			lities of peruny, I declare that I have examined this return, including accompanying schedules and statemente Declaration of preparer (other thap officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ge and belief, it is true, correct,				
		and comple	te Declaration of preparer (other than emicer) is based on all information of which preparer has any knowle	oge	1 .1				
Sig	n		Jen / S. De	X Man	UN M, 2011				
Hei	·e	_	ature of officer	Date	,				
			NU ROSE, HEAD OF SCHOOL e or print name and title		· · · · · · · · · · · · · · · · · · ·				
_			Data	Check If Prepar	er's identifying number				
Paid		Preparer's	2.7-11	Self- employed ► (see in	structions)				
	arer's	Firm's name	KISH LEAKE & ASSOCIATES P.C.	EIN ►					
Use	Only	yours if self-employ	5031 S ULSTER ST - STE 420						
_		address, an ZIP + 4	DENVER, CO 80237	Phone no ► 3	03.779.5006				
Ma	the if	RS discuss	s this return with the preparer shown above? (see instructions)		X Yes No				
9320	01 02-0	4-10 LH	s this return with the preparer shown above? (see instructions) A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions/_//	Form 990 (2009)				
				0-16	(YN)				

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

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ►\$

1,348,407.

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-	İ	ļ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	1]
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
••	as applicable	11	Х	1
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	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.	ļ	į	
•	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.		Į.	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12	X	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	,		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			Τ
~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146	1	X
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	15	ŀ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1 -
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>.,</u>	1-	†
19		19		X
20	complete Schedule G, Part III	20	+	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			

•		i	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	i	,	
	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	i	,	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		ĺ
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\Box
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь		28b		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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32	•	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		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	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	T
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990 (2009)
			,	,

Form 990 (2009)

Par	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	
	(gambling) winnings to prize winners?	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 0			
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u> _
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	
	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	·		
	any contributions that were not tax deductible?	6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		v
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	·7g 7h		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	/n	,	ļ
	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	8		1
^	at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9ь		
	Did the organization make a distribution to a donor, donor advisor, or related person?	"	·	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
0_	II 165, Gitter the amount of tax-exempt lifterest received of accided during the year.	Form	990	(2009)
				,,

932005 02-04-10 Form 990 (2009)

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

<u>Sec</u>	tion A. Governing Body and Management			
		7[Yes	No
1a	Enter the number of voting members of the governing body	싊		
b	Enter the number of voting members that are independent	씍 !		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ۽ ا		X
	of officers, directors or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5	_	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	- 6		
7a	-	7a	!	Х
	governing body?	<u> </u>		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	-	Α_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	0-	X	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	ļ	Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	L	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	De la companya de la lacada de la companya de la co	10a	163	X
10a	Does the organization have local chapters, branches, or affiliates?	108		
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10Ь		
	and branches to ensure their operations are consistent with those of the organization?	111	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	<u> </u>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
В	to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
С	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	1	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	-, ,,,,,,	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
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.	able for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	y, and fin	ancial	
	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 organ	nization:	>	
	ARLEEN BROGAN-SMITH - 303-794-6222		 ,	
	7018 S PRINCE STREET, LITTLETON, CO 80120			
		Forn	n 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.

X Check this box if the organization did not co	(B)	(C)					2.0	(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	(check all			арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RENU ROSE HEAD OF SCHOOL	40.00			,		X	 	115,390.	0.	42,613.
SALLY VANCE-ALLEN	1000			,				0.	0.	0.
ANDY HANCOCK TREASURER			-					0.	0.	0.
CURTIS V SMITH, ATTORNEY								0.	0.	0.
DR. REX BROWN PRESIDENT								0.	0.	0.
JEAN SAYRE SECRETARY								0.	0.	0.
NANCY GARY, PSYCHOLOGIST						_		0.	0.	0.
DAVID YOUNGGREN PAST TREASURER								0.	, 0.	0.
			_							
						-				
					_					
		_			_	_				

*	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		Fet	(F)	
		hours per week	Individual frustee or director		k all t	that			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		am comp fro orga and	ount on the count of the count	of tion e ion ed
	· · · · · · · · · · · · · · · · · · ·		_					<u> </u>			+			
											$\frac{1}{1}$			
								-			+			
				_				_						
								-			-			
	Total								115,390.		0.	4:	2.6	13.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	00V	e) wl	ho r						1
3	Did the organization list any former officer,			, ke	y em	plo	yee,	or I	nighest compensated e	mployee on	Γ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	ie co							the organization		3	х	Х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	accrue compe	nsat	ion f						rices rendered to		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co				nt c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	tion f	rom	
	the organization. NONE (A) Name and business	address							(B) Description of	services	Co	(C) nsatio	n
					_		_					<u>·</u>		
								_						
								_	 					
2	Total number of independent contractors (in		ot lu	— mite	d to		_	stec	dabove) who received r	nore than		******		
	\$100,000 in compensation from the organiz	ration >					0					iorm (aan e	2000)

Part VII		Statement of Rever	nue.					1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	16					
ş,ë	c	Fundraising events	1c					
ar a	ا ا		10					
S, E	е		 					
Si.Si	f	All other contributions, gifts, gran	· ——					
Per Per	•	similar amounts not included abo	, I	162,524.				
	_			102/321.				
Šě	9		: 1a-1f \$		162,524.			
-	n	Total. Add lines 1a-1f	•					
A		MITMION AND EEE	r.C	Business Code 611710	1791302.	1791302.		1
Ğ.	2 a		70	611/10	1/91302.	1/91302.		
ue en	b			ļ				
m S	С							
Re	d							
Program Service Revenue	е							
_		All other program service reve	enue .	L	1701202		······································	
-		Total. Add lines 2a-2f		•	1791302.		····	
	3	Investment income (including	dividends, inter		10 272			10 272
		other sımılar amounts)	•	>	18,372.			18,372.
	4	Income from investment of ta	x-exempt bond ;	proceeds -				
	5	Royalties .		•				ļ
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
- 1	c	Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	•			***************************************	
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	[
	С	Gain or (loss)						
	d	Net gain or (loss) .	•					
a	8 a	Gross income from fundraisin	g events (not					
Other Revenue		including \$	of					
ě		contributions reported on line	1c). See					
E		Part IV, line 18	а					
	b	Less: direct expenses	. b					
0		Net income or (loss) from fund	•••	•	7,003.			7,003.
		Gross income from gaming ac					······································	
	-	Part IV, line 19	. а					
[ь	Less: direct expenses	. b					
		Net income or (loss) from gam						1
i		Gross sales of inventory, less	-					
ļ		and allowances					,	
l	h	Less: cost of goods sold	a b					
		=	• -	`L		Ì		1
ł	<u> </u>	Net income or (loss) from sale		5				
ŀ	44 -	Miscellaneous Revenu ACTIVITIES	e	Business Code 611710	8,217.	8,217.		
Į	11 a	ACTIVITIES		011/10	0,211.	0,217.		
	b							
	C			ļ				
[d	All other revenue		L	0.317			
İ		Total. Add lines 11a-11d	••		8,217.	1700510		75 3==
2320	12	Total revenue. See instructions	<u> </u>	. 🏲	1987418.	1799519.	0.	25,375.
93200 02-04	-10							Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must compl	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	150 551	150 551		
	the U.S. See Part IV, line 22	152,551.	152,551.		
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the U.S.	ŀ			
	See Part IV, lines 15 and 16			<u></u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.65 4.01	722 400	251 700	00 222
7	Other salaries and wages .	1,165,431.	733,409.	351,700.	80,322.
8	Pension plan contributions (include section 401(k)	16 670	2 224	12 504	024
	and section 403(b) employer contributions)	16,672.	3,334.	12,504.	834.
9	Other employee benefits	142,672.	111,068.	30,265.	1,339. 3,851.
10	Payroli taxes L	77,026.	57,770.	15,405.	3,631.
11	Fees for services (non-employees):				
а	Management				
b	Legal .	10 000	1 000	8,000.	1,000.
C	Accounting	10,000.	1,000.	8,000.	1,000.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	A 456	2 400	774.	194.
9	Other	4,456.	3,488.	10,219.	851.
12	Advertising and promotion	17,009.	5,939. 83,634.	6,170.	1,184.
13	Office expenses	90,988.	13,128.	2,502.	1,698.
14	Information technology	17,320.	13,120.	2,302.	1,000.
15	Royalties	75,593.	60,475.	11,338.	3,780.
16	Occupancy .	19,883.	19,883.	11,550.	371001
17	Travel	19,003.	19,003.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	17,812.	13,359.	3,562.	891.
19	Conferences, conventions, and meetings	16,765.	12,574.	3,353.	838.
20	Interest	10,703.	12,514.	3,333.	
21	Payments to affiliates	85,795.	64,346.	17,159.	4,290.
22	Depreciation, depletion, and amortization	15,292.	11,987.		247.
23	Insurance .	13,632.	11,701.	3,030.	4310
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRINTING AND REPRODUCTI	578.	462.	87.	29.
b					
c					. <u>. </u>
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,925,851.	1,348,407.	476,096.	101,348.
26	Joint costs. Check here ▶ ☐ if following				
_•	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation .				
	0 02-04-10				Form 990 (2009)

art X	Balance S	heet					(D)
•					(A) Beginning of year		(B) End of year
1	Cash - non-int	erest-bearing			1,364,624.	1	1,169,124.
2	Savings and t	emporary cash investments		[2	
3	_	grants receivable, net				_3	
4	Accounts rec		_	[24,347.	4	26,193.
5		rom current and former officers, o	directors, tru	ıstees, key			
		nd highest compensated employe					
	of Schedule L		·			5	
6		rom other disqualified persons (a	s defined ur	nder section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•		d persons described in section 49					
	Part II of Sche			·		6	
, 7		ans receivable, net		[7	
8	Inventories fo	•			8		
9		nses and deferred charges			67,213.	9	89,201.
10	• •	gs, and equipment: cost or other	ï 1	ľ			
'		ete Part VI of Schedule D	10a	1,395,715.			
	•	ulated depreciation	10b	1,395,715.	757,772.	10c	713,285.
11		publicly traded securities				11	
12		other securities. See Part IV, line	9 11	. [252,525.	12	432,741.
13		program-related. See Part IV, line			13		
14	Intangible ass	· =				14	
15		See Part IV, line 11			2,450.	15	1,951.
16		Add lines 1 through 15 (must eg	ual line 34)		2,468,931.	16	2,432,495.
17		able and accrued expenses			19,374.	17	19,349.
18	Grants payab			. [18	
19	Deferred reve				1,112,688.	19	1,028,067
20	Tax-exempt b	· · · · · · · · · · · · · · · · · · ·	• •			20	
	•	stodial account liability. Complete	e Part IV of	Schedule D		21	
22		current and former officers, direct					
21		pensated employees, and disqual					
וֹ בֿ	of Schedule I					22	
23		tgages and notes payable to unre	elated third	parties	386,915	23	373,558.
24		otes and loans payable to unrelat		1		24	
25		es. Complete Part X of Schedule I				25	
26	Total liabiliti	es. Add lines 17 through 25			1,518,977	26	1,420,974
	Organization	ns that follow SFAS 117, check	here 🕨	X and complete			
2	_	ugh 29, and lines 33 and 34.		r.			
ž 27	Unrestricted	net assets			648,032		603,285
22 29 20 Fund balances 25 25 25 25 25 25 25 25 25 25 25 25 25		estricted net assets			30,000		73,852
29		restricted net assets			271,922	- 29	334,384
5	Organization	ns that do not follow SFAS 117,	check here	e 🕨 🔲 and			
		es 30 through 34.					
30	=	or trust principal, or current fund	ds			30	
31		oital surplus, or land, building, or		fund		31	
32		nings, endowment, accumulated				32	
ž 33		ets or fund balances			949,954	<u> 33</u>	1,011,521
34		s and net assets/fund balances			2,468,931	<u> 34</u>	2,432,495

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

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

Inspection

Name of	the organizat	ion						E	mployer id	dentification	on nur	nber
		MACKINT	OSH_ACADEMY						84	-0747	<u>083</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	.) See inst	ructions.				
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🗀			s, or association of chur	-								
2 X			'0(b)(1)(A)(ii). (Attach Sc									
з 🗀			tal service organization	-		170(b)(1)(A)(iii).					
4 🔲			operated in conjunction					(b)(1)(A)(i	iii). Enter th	e hospital	s nam	e,
	city, and stat				•					·		
5 🔲	An organizat	on operated for the	benefit of a college or un	niversity ov	wned or or	erated by	a governr	nental un	it describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)		·	_	-					
6 🔲			ent or governmental uni	t described	d in sectio	ก 170(b)(1)(A)(v).					
7 🗀			eives a substantial part					r from the	e general p	ublic desci	nbed ir	n
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀			eives: (1) more than 33			rom contri	butions, m	embersh	ip fees, and	d gross red	eipts f	from
			nctions - subject to certa									
			axable income (less sec									
	See section	509(a)(2). (Complete	Part III.)									
10 🗔	An organizat	ion organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4) .				
11 🗔	An organizat	ion organized and op	perated exclusively for the	he benefit (of, to perfo	rm the fur	nctions of,	or to car	ry out the p	ourposes o	f one o	or
	more publicly	supported organiza	ations described in secti	ion 509(a)(⁻	1) or section	n 509(a)(2). See sec	tion 509	(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h.						
	a Type	l b	Type II 🔻	с 🗔 Тур	e III - Fund	tionally int	egrated		d 🔲	Type III - C)ther	
e 🔙	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	more dis	squalified p	ersons oth	er than	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions desc	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box					•				
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the folk	owing pe	rsons?			
	(i) A perso	n who directly or Ind	irectly controls, either a	lone or tog	ether with	persons d	lescribed i	n (ii) and	(iii) below,		Yes	No
	the gov	erning body of the si	upported organization?			-				11g(i)		<u> </u>
	(ii) A famıly	member of a persor	n described in (i) above?	?		•	•	-		11g(ii)	 	<u> </u>
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		Ĺ
h	Provide the f	ollowing information	about the supported or	ganızation	(s).							
		Т							 			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) organizat	s the	(vii) An	nount of	f
org	anization		(described on lines 1-9	in col (I) II:	sted in your document?	organizat	ION IN COI	l (i) organi	zed in the	sup	port	
			above or IRC section			<u> </u>						
			(see instructions))	Yes	No	Yes	No	Yes	No			
					}	}	}	1	1 1			
		 	-				<u> </u>	 				
							l 		1 1			
				ļ	 	 	ļ	·	1	· · · · · · ·		
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			<u> </u>	 			 		 			
						!	1					
				+	 			 	++			
		}			1	1	ł	l	}			
				 	 		 	 	+			
Total		<i>'</i>		1]				
	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for	1	·	Schedu	ile A (Form	990 or 99		2000
											~/	

932021 02-08-10

Form 990 or 990-EZ.

	(Complete only if you checke	-			(D)(T)(A)(IV) an)(A)(1)(a)U11 D	/I)
<u>.</u>	ction A. Public Support	A THE DOX OH RITE	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
_	endar year (or fiscal year beginning in)	(6) 2005	(h) 2006	(c) 2007	(d) 2008	(6) 2000	(A Total
	Gifts, grants, contributions, and	(a) 2005	(b) 2006	(6) 2001	(u) 2008	(e) 2009	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")			1			
2	Tax revenues levied for the organ-				 		
_	ization's benefit and either paid to]			}
	or expended on its behalf						
3	The value of services or facilities		_	-			
Ŭ	furnished by a governmental unit to			[
	the organization without charge				ŀ		
4	Total. Add lines 1 through 3				 		
	The portion of total contributions			1	 		
	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						
	ction B. Total Support						
Cal	endar 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						<u> </u>
	securities loans, rents, royalties		}				
	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on		<u> </u>			<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	<u> </u>		
	Gross receipts from related activities	•	•			12	
13	First five years. If the Form 990 is fo		s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
Sec	organization, check this box and store cition C. Computation of Publ		rcentage				
				column (fl)		14	
	Public support percentage for 2009 (Public support percentage from 2008		=	COIUTHII (I))	•	15	<u>%</u> %
	33 1/3% support test - 2009. If the o		-	. ' . line 13 and line	11 is 33 1/3% or r	L	
	stop here. The organization qualifies	-			1413 00 1/0/0 01 1	nore, creek ting be	N dilu ▶□
h	33 1/3% support test - 2008. If the c				Lline 15 is 33 1/39	6 or more check th	us hox
~	and stop here. The organization qual	_			11110 10 13 00 1707	o or more, encor un	▶ □
17a	10% -facts-and-circumstances tes	, ,			- 13 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	at it flow the organ	▶
h	10% -facts-and-circumstances tes	•	•		_	17a, and line 15 is	10% or
	more, and if the organization meets ti						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-				s •
_						edule A (Form 990	

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 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 bus- iness 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)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶Ĺ	(a) 2005	(ь) 2006	(c) 2007	(d) 2008_	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		İ		1		
(less section 511 taxes) from businesses		1			-	
acquired after June 30, 1975				<u> </u>		
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)				<u> </u>		
14 First five years. If the Form 990 is for t	he organization	's first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration,
check this box and stop here		,,	, ,	.,		. ▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lin			column (fl)		15	9
16 Public support percentage from 2008 S		·		•	16	9
Section D. Computation of Invest					· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 200			ne 13, column (f))		17	9
18 Investment income percentage from 20	•	•••			18	
19a 33 1/3% support tests - 2009. If the o			on line 14, and line	e 15 is more than :		
more than 33 1/3%, check this box and						▶ □
b 33 1/3% support tests - 2008. If the o		=				and
line 18 is not more than 33 1/3%, chec	-					▶[
20 Private foundation. If the organization						
					nedule A (Form 99	0 or 990-EZ) 20

Schedule D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MACKINTOSH ACADEMY

Employer identification number 84-0747083

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
حت	organization answered "Yes" to Form 990, Part IV, line		
		(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 advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		—
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired a	after 8/17/06	. 2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	TIII Organizations Maintaining Collections o	· ·	other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
			
та	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, ed		iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
р	If the organization elected, as permitted under SFAS 116, to	•	•
	or other similar assets held for public exhibition, education, o	or research in turtherance of public servic	e, 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 treations of		aı gaın, provide
	the following amounts required to be reported under SFAS 1	το relating to these items:	~ *
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		• •

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

713,285.

e Other

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

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	Cos	(c) Method of valua st or end-of-year mar	
Financial d	derivatives .				
Closely-hel	ld equity interests				
Other _					
	N STANLEY - PERMANENTLY				
RESTR.	ICTED	250,650	. END-OF-Y	EAR MARKET	VALUE
MORGAI	N STANLEY - UNRESTRICTED	7,323		EAR MARKET	
	BANK-2 YR PRIME CD	86,958		EAR MARKET	
FIRST	BANK-2 YR PRIME CD	87,810	• END-OF-Y	EAR MARKET	VALUE
					
				<u> </u>	
					······································
Total. (Col ((b) must equal Form 990, Part X, col (B) line 12)	432,741	•		
Part VII	Investments - Program Related. Se	ee Form 990, Part X, line	13		·
•	(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
				. <u></u>	
			<u> </u>		
<u></u>		<u> </u>			
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. See Form 990, Part X, line				
	(a)	Description			(b) Book value
					
		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				<u> </u>	
					 -
					<u> </u>
		 			
					
T-4:1 (2) ((h) must soud 5 200 5 -1 / - 1 / 5 / 5	15)		>	
Part X	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,		:		<u> </u>
	(a) Description of liability	III e 25.	(b) Amount		
1. Factoral (20		-	(4),	1	
rederal inc	come taxes			1	
				1	
				1	
	· · · · · · · · · · · · · · · · · · ·			1	
				1	
				1	
				1	
				1	
				1	
Total (Coli	umn (b) must equal Form 990, Part X, col (B) line	25.)		1	
- 5-311 (00/	anni jay maar agaar i onni aaa, r ar in, cor jay iine				

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. 932063 02-01-10

932054

Schedule D (Form 990) 2009

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

organization	Employer identification number
MACKINTOSH ACADEMY	84-0747083
	VEC NO

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of tits governing body? 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? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media dump 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) 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Does the organization assistance? 5 Does the organization assistance? 6 Does the organization assistance from a governm				159	NU
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a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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					
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c Employment of faculty or administrative staff? d Scholarships or other financial assistance? Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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	а	Students' rights or privileges?	5a		
d Scholarships or other financial assistance? Educational policies? See Educational policies? Gathletic programs? h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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	b	Admissions policies?	5b		
E Educational policies? I Use of facilities? Standard S	С	Employment of faculty or administrative staff?	5c		
f Use of facilities? g Athletic programs? h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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	d	Scholarships or other financial assistance?	5d	<u> </u>	
g Athletic programs? h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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	е	Educational policies?	5e	<u> </u>	
h Other extracurricular activities? 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? b Has the organization's right to such aid ever been revoked or suspended? 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	f	Use of facilities?	_5f	<u> </u>	
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? 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	9	Athletic programs?	5g	<u> </u>	
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 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	h	Other extracurricular activities?	5h	<u> </u>	X
b Has the organization's right to such aid ever been revoked or suspended? 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		If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
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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			6b	ļ	X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					
	7				
			7	X	<u> </u>

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

Schedule E (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)			Grants and	Other Assistance	Grants and Other Assistance to Organizations,			OMB No 1545-0047	74
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" on Fo Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	<u>,υ</u>
Name of the organization	tion MACKINTOSH ACADEMY	H ACADEMY						Employer identification number 84-0747083	mber 83
Part General	General Information on Grants and Assistance	nd Assistance							
1 Does the organ	Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;	;
	criteria used to award the grants or assistance?	tance?						Yes	2 ×
Part Grants at	Describe in Part IV the organization's procedures for monitoring the use or grant luthes in the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 21, for any	cedures for monit	Organizations in the	Unds in the United	omniete if the ords	nization answered "Y	es to Form 990 Part	IV line 21, for any	
7	that received more than \$	5,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additions	al space is needed	
1 (a) Name and a	1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant or government (e) Amount of valuation (book, round or grant or gash g	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									!
2 Enter total num	Enter total number of section 501(c)(3) and government organizations	nd government org	janizations						
3 Enter total num LHA For Privacy A	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	2006

(f) Description of non-cash assistance 84-0747083 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance o. 1 152,551 (c) Amount of cash grant (b) Number of recipients 21 MACKINTOSH ACADEMY (a) Type of grant or assistance Schedule I (Form 990) 2009 . \M*4,9,S,1 SCHOLARSHIPS Part III .9913

. Page 2

Schedule I (Form 990) 2009 26 932102 02-02-10

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number MACKINTOSH ACADEMY 84-0747083

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	" !		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal u	se		
	Travel for companions Payments for business use of personal resider	ice		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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	. 1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director	s,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2	Х	
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.	1		
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comm	iittee		
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:			
а	Receive a severance payment or change-of-control payment?	. 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	_	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	. <u>5a</u>		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	. 6b		Х
	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	7		<u>X</u>
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	8	<u></u>	<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			ĺ
	Regulations section 53.4958-6(c)?	9	L	L

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 MACKINTOSH ACADEMY

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(0)	(a)	(E)	(F)
(A) Name	 -	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
RENU ROSE	€ €	115,390.	000	0	0 0	42,613.	158,003.	0
	8							
	€ €							
	€ 5							
	€ 5							
	€ 9							
	€ €							
	€ €							
	€ €							
	8							
	8							
	C (S							
	€ €							
	(ii)							
	€ €							
	Θ							
							Schedu	Schedule J (Form 990) 2009

SCHEDULE O

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Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MACKINTOSH ACADEMY

Employer identification number 84-0747083

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMOTIONALLY, CREATIVELY, PHYSICALLY AND COGNITIVELY IN A NURTURING AND

SUPPORTIVE ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF FORM 990, A

DRAFT OF THE DOCUMENT WAS DISSEMINATED TO ALL BOARD OF DIRECTORS FOR

COMMENTS AND/OR CHANGES. ALL QUESTIONS OR COMMENTS WERE ADDRESSED PRIOR TO

SUBMISSION OF FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 18: UPON WRITTEN REQUEST, THE ACADEMY'S

FORM 1023, FORM 990 AND 990-T (IF APPLICABLE) CAN BE REVIEWED IN THE OFFICE

OF THE HEAD OF SCHOOL OR OTHER SUCH LOCATION DESIGNATED BY HER AT A DATE

AND TIME MUTUALLY AGREEABLE TO BOTH PARTIES.

FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THE ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC FOR REVIEW IN THE OFFICE OF THE HEAD OF SCHOOL OR OTHER SUCH LOCATION DESIGNATED BY HER AT A TIME AND DATE MUTUALLY AGREEABLE TO BOTH PARTIES.

FORM 990, PART XI LINE 2C

AUDIT COMMITTEE

THE ACADEMY'S AUDIT COMMITTEE'S PROCEDURES FOR SELECTING AN INDEPENDENT

AUDITOR AND REVIEWING AND SIGNING OFF ON THEIR WORK HAS NOT CHANGED

FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

A 16.	Charles and the state of the st			ightharpoons
-	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f		~ QQEQ	
DO HOL	complete Part II unless you have already been granted an automatic 3-month extension on a previously file			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
۸ ۵۵۳۰۵	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	alata		
Part I or	· · · · · · · · · · · · · · · · · · ·	Diete		
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	extens	ion of time	
noted be (not auto you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ornatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or controlled to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Chanties & Nonprofits.	ally if isolida	(1) you want the ted Form 990-T.	additional
Type or	Name of Exempt Organization	Empl	yer identificat	ion number
print	MACKINTOSH ACADEMY	84	1-074708	3
File by the	Number start and services as K = D.C. have a service as			
due date fo	7018 S. PRINCE STREET			
return See Instruction:	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	LITTLETON, CO 80120-3536			
<u> </u>				
Cneck t	ype of return to be filed (file a separate application for each return):			
X Fo	rm 990 Form 990-T (corporation) Form 475	20		
☐ Fo	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
☐ Fo	rm 990-EZ Form 990-T (trust other than above) Form 60	69		
☐ Fo	rm 990·PF	70		
	ARLEEN BROGAN-SMITH			
	ooks are in the care of ► 7018 S PRINCE STREET - LITTLETON, CO 80	120		
Telep	hone No. ► 303-794-6222 FAX No. ► 303-794-2286			
	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	s is for	the whole grou	p, check this
box ►	. If it is for part of the group, check this box lead and attach a list with the names and EINs of all i	nemb	ers the extensio	n will cover.
1 In	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti	1		
	MARCH 15, 2011 , to file the exempt organization return for the organization named al	bove.	The extension	
IS	for the organization's return for:			
	calendar year or			
	X tax year beginning AUG 1, 2009 , and ending JUL 31, 2010		_ ·	
2 If 1	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accor	unting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	nrefundable credits. See instructions.	3a	\$	
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
-	x payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	
	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		_	37 / 7
S	e 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	8879-1	O for payment	Instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 886	8 (Rev 4-2009)