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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

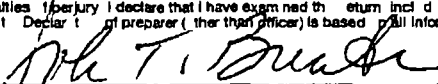
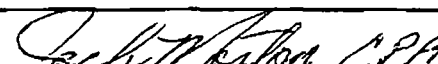
Open to Public
Inspection**A For the 2009 calendar year or tax year beginning SEP 1, 2009 and ending AUG 31, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MORRISSEY-COMPTON EDUCATIONAL CENTER Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2555 PARK BLVD 1 City or town state or country and ZIP + 4 PALO ALTO, CA 94306	D Employer identification number 77-0004694
	E Telephone number (650) 322-5910	G Gross receipts \$ 2,124,745
	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If No attach a list (see instructions) H(c) Group exemption number ▶	
	F Name and address of principal officer JOHN BRENTAR SAME AS C ABOVE	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		
J Website ▶ WWW.MORRISSEY-COMPTON.ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		
L Year of formation -1982 M State of legal domicile CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LEARNING DISABILITY REMEDIATION																																															
	2 Check this box ☐ 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 10																																														
	4 Number of independent voting members of the governing body (Part VI line 1b)	4 10																																														
Revenue	5 Total number of employees (Part V line 2a)	5 52																																														
	6 Total number of volunteers (estimate if necessary)	6 2																																														
	7a Total gross unrelated business revenue from Part VIII column (C) line 12	7a 0																																														
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0																																														
	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII line 1h)</td> <td>234,078</td> <td>384,263</td> </tr> <tr> <td>9 Program service revenue (Part VIII line 2g)</td> <td>1,193,363</td> <td>1,328,148</td> </tr> <tr> <td>10 Investment income (Part VIII column (A) lines 3 4 and 7d)</td> <td>-20,927</td> <td>42,846</td> </tr> <tr> <td>11 Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c and 11e)</td> <td></td> <td>25,916</td> </tr> <tr> <td>12 Total revenue add lines 8 through 11 (must equal Part VIII column (A) line 12)</td> <td>1,406,514</td> <td>1,781,173</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX column (A) lines 1 3)</td> <td>160,899</td> <td>167,396</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A) line 4)</td> <td></td> <td></td> </tr> <tr> <td>15 Salaries other compensation employee benefits (Part IX, column (A) lines 5 10)</td> <td>1,085,647</td> <td>1,144,758</td> </tr> <tr> <td rowspan="4">Expenses</td> <td>16a Professional fundraising fees (Part IX column (A) line 11a)</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX column (A) lines 11a 11d 11f 24f)</td> <td>265,673</td> <td>367,209</td> </tr> <tr> <td>18 Total expenses Add lines 13 17 (must equal Part IX column (A) line 25)</td> <td>1,512,219</td> <td>1,679,363</td> </tr> <tr> <td>19 Revenue less expenses Subtract line 18 from line 12</td> <td>-105,705</td> <td>101,810</td> </tr> <tr> <td rowspan="3">Net Assets or Fund Balances</td> <td>20 Total assets (Part X, line 16)</td> <td>555,353</td> </tr> <tr> <td>21 Total liabilities (Part X line 26)</td> <td>624,668</td> </tr> <tr> <td>22 Net assets or fund balances Subtract line 21 from line 20</td> <td>555,353</td> </tr> </tbody></table>			Prior Year	Current Year	8 Contributions and grants (Part VIII line 1h)	234,078	384,263	9 Program service revenue (Part VIII line 2g)	1,193,363	1,328,148	10 Investment income (Part VIII column (A) lines 3 4 and 7d)	-20,927	42,846	11 Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c and 11e)		25,916	12 Total revenue add lines 8 through 11 (must equal Part VIII column (A) line 12)	1,406,514	1,781,173	13 Grants and similar amounts paid (Part IX column (A) lines 1 3)	160,899	167,396	14 Benefits paid to or for members (Part IX, column (A) line 4)			15 Salaries other compensation employee benefits (Part IX, column (A) lines 5 10)	1,085,647	1,144,758	Expenses	16a Professional fundraising fees (Part IX column (A) line 11a)		17 Other expenses (Part IX column (A) lines 11a 11d 11f 24f)	265,673	367,209	18 Total expenses Add lines 13 17 (must equal Part IX column (A) line 25)	1,512,219	1,679,363	19 Revenue less expenses Subtract line 18 from line 12	-105,705	101,810	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	555,353	21 Total liabilities (Part X line 26)	624,668	22 Net assets or fund balances Subtract line 21 from line 20	555,353
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Part II Signature Block

Sign Here	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. I declare that the preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  JOHN BRENTAR, EXECUTIVE DIRECTOR Type or print name and title	Date 7/14/11
Paid Preparer's Use Only	Preparer's signature  MORTON & ASSOCIATES INC 250 CAMBRIDGE AVENUE, SUITE 101 PALO ALTO, CA 94306	Date 7/14/11 Check if self-employed ☐ Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (650) 323-6665

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

☒ Yes ☐ No