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Department of the Treasury Internal Revenue Service

Short Form 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)

▶ Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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



Open to Public Inspection

Α	For the	2010 calenda	ar year, or tax year beginning July 1	July 1 , 2010, and ending			une 30	, 20	11		
В	Check if applicable		C Name of organization				oyer id	entification number	<u> </u>		
Ø	Address c	hange	Marco Island Academy A Public Charter High School Inc				27-4411503				
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street addres	s)	Room/suite	E Telep	hone n	umber			
M	Initial retur		2255 San Marco Rd			1	239-393-5133				
님	Terminate Amended		City or town, state or country, and ZIP + 4			F Grou	F Group Exemption				
H	Application	1	Marco Island, FL 34145				Number ▶				
G		ing Method:	☐ Cash			H Check I	neck ▶ ☐ If the organization is no				
_	Websit	-			ach Schedule B						
₩.	Tax-exen	npt status (che	•		0-EZ, or 990-PF).						
	Check ▶		eck only one) $ \boxed{2}$ 501(c)(3) $\boxed{3}$ 501(c)() $\boxed{4}$ (insert no.) $\boxed{4}$ e organization is not a section 509(a)(3) supporting organization a		receipts a	re normaliv	not mo	ore than \$50,000.	Ā		
=	Form 99	Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses									
ANNE	to file a	return, be sui	re to file a complete return.								
CL	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more,	or if total as	sets (Part II,	•	·			
≫ line	25, coli	umn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ .				▶ \$		0.00		
밎	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fun	d Balanc	es (see t	he instruc	ctions	for Part I.)			
~ 		Check if	the organization used Schedule O to respond to any	question	il this Ra	ti					
	1	Contributio	ons, gifts, grants, and similar amounts received	KEC	EIVEC)	1		0.00		
2	2	Program se	ervice revenue including government fees and contracts	0X00 :			2		0.00		
<u></u>	3	Membersh	ip dues and assessments	· IMMH 3	į inių		3		0.00		
\$	4	Investment	tincome				4		0.00		
	5a	Gross amo	ount from sale of assets other than inventory		RANCH	0.00					
	b	Less: cost	or other basis and sales expenses	. '5b '	DEN	0.00					
	С	Gain or (los		5c		0.00					
-4	<u>}</u> 6	_	d fundraising events								
30.	а										
Ę	"	\$15,000) .		· 6a		0.00					
MAFRevenue011	b		me from fundraising events (not including \$		contribut	ions	ĺĺ				
ج.			aising events reported on line 1) (attach Schedule G if								
Ø			ch gross income and contributions exceeds \$15,000).	· 6b		0.00					
	, -		t expenses from gaming and fundraising events	. <u>6c</u>		0.00					
H	d		e or (loss) from gaming and fundraising events (add lin	nes 6a and	f 6b and	subtract					
유정		line 6c) .				• • •	6d		0.00		
ENVELOPE Postivarik date	7a		s of inventory, less returns and allowances	. <u>7a</u>	·	0.00					
≨ ≨	b		of goods sold			0.00	_				
STE	C	-	it or (loss) from sales of inventory (Subtract line 7b from I	•			7c		0.00		
2			nue (describe in Schedule O)			·	8		0.00		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			- \ \ \	9		0.00		
	10		d similar amounts paid (list in Schedule O)	المستريس المستريس		٠٠٠٠ ا	10 11		0.00		
	11	Salaries, other compensation, and employee benefits							0.00		
ŝ	12 13								0.00		
9	13								0.00		
Expenses	14	Occupancy, rent, utilities, and maintenance					14 15		0.00		
-	1.0	Printing, publications, postage, and shipping						 	0.00		
	16 17						16 17		0.00		
_	40	Evenes ex	enses. Add lines 10 through 16	• • • •			\vdash		0.00		
Net Assets	19		or fund balances at beginning of year (from line 27, c				18		0.00		
		end-of-year figure reported on prior year's return)					19		0.00		
	20		nges in net assets or fund balances (explain in Schedule				20		0.00		
	21		or fund balances at end of year. Combine lines 18 throu	•			21		0.00		
Fo	or Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421							Form 990-EZ			

(4)	rt II Balance Sheets. (see the instructions Check if the organization used Schedule		tion in this	s Part II		
		, , , , , , , , , , , , , , , , , , ,		(A) Beginning of year	Ė	(B) End of year
22	Cash, savings, and investments			0.00	22	0.00
23	Land and buildings			0.00	++	0.00
24	Other assets (describe in Schedule O)			0.00		0.00
25	Total assets			0.00		0.00
26	Total liabilities (describe in Schedule O)			0.00	26	0.00
27	Net assets or fund balances (line 27 of column			0.00	27	0.00
Par	t III Statement of Program Service Accom	plishments (see the instru	ictions for	Part III.)		Expenses
	Check if the organization used Schedule	O to respond to any ques	tion in this	s Part III 🔒 📋		quired for section
	it is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
	cribe what was achieved in carrying out the organization					7(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and	other relevant information for e	ach progran	n title.	for o	others.)
28						
		***		********		
	(Grants \$) If this amount	includes foreign grants, che	eck here .	▶ 🗆	28 a	1
29						

				<u></u> -		
	(Grants \$) If this amount	includes foreign grants, che	eck here .	<u> ▶ □</u>	29 a	1
30						
		***************************************			j	1
	/O					
24		includes foreign grants, che			30a	1
31	Other program services (describe in Schedule O) (Grants \$) If this amount					
32	Total program service expenses (add lines 28a	includes foreign grants, che	eck nere .	<u> </u>	31a	
	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule	O to respond to any ques	tion in this	Part IV		
		(b) Title and average	(c) Comper	rsation (d) Contributio	ne to	(e) Expense
	(a) Name and address			oid amplama basafit	nio IU	
N/A	(a) Name and address	hours per week devoted to position	(If not p enter -	aid, employee benefit	plans	& account and
_	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and
_	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and
	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and
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	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and
	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and
	(a) Name and address	hours per week	(If not p	aid, employee benefit	plans	& account and

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. n
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	4		
ь 38а	Did the organization file Form 1120-POL for this year?	37b		√
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
41	transaction? If "Yes," complete Form 8886-T	40e		1
		239-59	5-4107	
	Telephone no. ► Located at ► 2255 San Marco Rd., Marco Island, FL ZIP + 4 ►		145	:
b	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		Yes	No
	account)?	42b		✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·	. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
c	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	$\vdash\vdash\vdash$	4
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
				<u></u>

rom 99	30-EZ (2010	υ)								Page 4
									Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?									1
а		organization receive any payi								1
		g of section 512(b)(13)? If "Y	'es," Form	990 and Schedule R may	need	to be comp	leted instead of			
		90-EZ (see instructions)						45a	<u> </u>	✓
46		organization engage, directly							l	١.
		didates for public office? If "Ye						46	L	1
Part	– 50	ection 501(c)(3) organizat 01(c)(3) organizations and s nd 52, and complete the ta	section 494	47(a)(1) nonexempt char	xem p itable	ot charitable trusts mus	l e trusts only. A t answer questio	il sec Ins 47	tion 7–49	b
		heck if the organization used			stion i	n this Part \	n			. п
									Yes	No
47	Did the	organization engage in lobby	ıng activitie	s? If "Yes," complete Sche	dule C	, Part II .		47		1
48		rganization a school as describ	-				E	48		7
49a	Did the	organization make any transf	ers to an ex	cempt non-charitable relate	ed orga	anization?.		49a		1
b		" was the related organization						49b		
50		ete this table for the organizat								
	employ	ees) who each received more	than \$100,	<u> </u>		•		ter "N	one."	,
	(a) Name	and address of each employee paid	more	(b) Title and average hours per week	(c) (Compensation	(d) Contributions to employee benefit plans &		Exper	
		than \$100,000		devoted to position	<u> </u>		deferred compensation		allowa	
N/A					l			İ		
					<u> </u>			<u> </u>		
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		***************************************		-	į			ļ		
f	Total	unt of ather and a second	d \$4.00	2.000	<u></u>	0		L		
51		umber of other employees pai ete this table for the organiza					ors who each rece	eived	more	than
•		00 of compensation from the				,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.000		,
	(a	Name and address of each independ	lent contractor	paid more than \$100,000		(b) Typ	e of service	(c) Cor	npens	ation
	None	~ N/A								
										
đ		umber of other independent c		•		.▶	ტ.00			
52		organization complete Scheo					· · · · ·			
	nonexe	mpt charitable trusts must att	ach a comp	oleted Schedule A	<u>···</u>	· · · ·	<u> ▶ L</u>] Yes	<u> </u>	No
Under p	enalties of mect, and o	perjury, I declare that I have examined complete. Declaration of preparer (other	d this return, in or than officer)	cluding accompanying schedules a is based on all information of which	and stat	ements, and to	the best of my knowled wledge.	ige and	1 belief	i, it is
			<u> </u>				- 01 1/1			
	13-71-14									
Sign	Superfive bi office 1 1 1 Date									
Here		Durklight	t []	rairperson		•	, and			
		Type or print name and title	$\overline{}$	mil with						
	1 6	rint/Type preparer's name	Prepa	rer's signature		Date		PTIN		
Paid		Type proposed a name		Ŭ			Check if self-employed			
Prep		irm's name ▶	 1				irm's EIN ▶			
Use	Villy -	irm's address ▶					Phone no.			
May th		iscuss this return with the pre	parer show	n above? See instructions				7 Vac		No