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DLN: 93493062008432

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)

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

OMB No 1545-0047

Open to Public Inspection

Common of Organization (SSS) SECRETS SCHOOL Doing Business As Reach Secretary Processions (SSS) LINDA VISTA ROAD City or town, state or country, and ZIP + 4 AND DIEGO, CA 92111 Final and address of principal officer KEV IN YALEY 6501 LINDA VISTA ROAD SAN DIEGO, CA 92111 Final Association (SSS) From an and address of principal officer KEV IN YALEY 6501 LINDA VISTA ROAD SAN DIEGO, CA 92111 Final Association (SSS) From an an address of principal officer KEV IN YALEY 6501 LINDA VISTA ROAD SAN DIEGO, CA 92111 Final Association (SSSS) From an address of principal officer KEV IN YALEY 6501 LINDA VISTA ROAD SAN DIEGO, CA 92111 Final Association (SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Der and street (or P O box if mail is not delivered to street address) LINDA VISTA ROAD or town, state or country, and ZIP + 4 DIEGO, CA 92111 Name and address of principal officer VIN YALEY 01 LINDA VISTA ROAD N DIEGO, CA 92111 D1(c)(3)	Room/suite (858) G Gross H(a) Is this a group return f H(b) Are all affiliates inc If "No," attach H(c) Group exempti	hone number) 569-7900 receipts \$ 38, for affiliates? cluded? a list (see ion number	o 556,734 Yes V No Yes V No Instructions)
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nber of voting members of the governing body (Part VI, line 1a)				riented
nber of voting members of the governing body (Part VI, line 1a)				
the rof independent voting members of the governing body (Part VI, line 1b)	If the organization discontinued its operations or disposed of	more than 25% of its	net assets	
al number of individuals employed in calendar year 2010 (Part V, line 2a)	ng members of the governing body (Part VI, line 1a)		3	27
al number of volunteers (estimate if necessary)		F	4	26
al unrelated business revenue from Part VIII, column (C), line 12				
unrelated business taxable income from Form 990-T, line 34		-		
Prior Year Ontributions and grants (Part VIII, line 1h)		-		
ontributions and grants (Part VIII, line 1h)	daniesa taxable income nom rom 250-1, mie 34	Prior Year		urrent Year
rogram service revenue (Part VIII, line 2g)	s and grants (Part VIII, line 1h)			
ther revenue (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>		
otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)	ncome (Part VIII, column (A), lines 3, 4, and 7d)			486,331
2)	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,3	308	87,266
rants and similar amounts paid (Part IX, column (A), lines 1-3) 2,761,276 2,990,230 enefits paid to or for members (Part IX, column (A), line 4)	• • • • • • • • • • • • • • • • • • • •	29 797 7	,67	31 096 652
enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5- 0)				
0) 17,671,540 18,436,003		, ,		
	er compensation, employee benefits (Part IX, column (A), lines 5-		40	19 426 003
tolessional fundralsing fees (Fart 1x, Column (A), fine 11e)	fundraicing food (Part IV, column (A.) line 11a)	17,671,5	40	
718 958				
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ther expenses (rate ix, column (A), intes ita-ita, iti-241) : : : 5,020,130				
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otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 30,060,974 31,528,147		· ·	nt	·
otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12		Year		
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tal fundraising expenses (Part IX, column (D), line 25) ►718,958 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	fundraising fees (Part IX, column (A), line 11e)	9,628,1 30,060,9 -263,2 Beginning of Currer Year 113,091,2 76,671,8 36,419,3	158 974 207 nt E 278 394	10 31 End of Y 108 71 37
ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,628,158 10,101,914	ses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,628,1	. 58	10,101,914
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otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 30,060,974 31,528,147	expenses Subtract line 18 from line 12	· ·		-431,495
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otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12	(Part X, line 16)	113,091,2	278	108,927,248
otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12	• • •	76,671,8	94	71,241,463
otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 30,060,974 31,528,147 evenue less expenses Subtract line 18 from line 12 -263,207 -431,495 Beginning of Current Year End of Year otal assets (Part X, line 16)		36,419,3	84	37,685,785
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	or or d b so	of individuals employed in calendar year 2010 (Part V, line 2a) of volunteers (estimate if necessary)	Prior Year	of individuals employed in calendar year 2010 (Part V, line 2a) 5 of volunteers (estimate if necessary)

Form	m 990 (2010)				Page 2
Par	rt III Statement of Progra Check if Schedule O conta				୮
1	Briefly describe the organization	's mission			
The	mission of Francis Parker School is	to provide a superior of	college preparatory educ	ation in a diverse, family-orie	ented environment that
meet	ts the academic, social, creative, e	motional, and physical	needs of the individual s	tudent	
2	Did the organization undertake ai	ny significant program s	services during the year	which were not listed on	
	the prior Form 990 or 990-EZ?				Yes 🗸 No
	If "Yes," describe these new serv	ices on Schedule O			
3	Did the organization cease condu				
	services?				⊤Yes ✓ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose acl Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations and sect	:ion 4947(a)(1) trusts ai	re required to report the amou	
	(Code) (Expen	ses \$ 22,114,383	including grants of \$	2,990,230) (Revenue \$	28,904,796)
	Francis Parker School is committed to c arts and athletic experiences prepare th			ce, strength of character, global per	spective, and rich foundation of
4b	(Code) (Expen	ses \$	ıncludıng grants of \$) (Revenue \$)
	(Codo) (Evnen	t	maluding grants of d) (Davanua d	`
4c	(Code) (Expen	ses \$	including grants of \$) (Revenue \$)
4d	Other program services (Descr	ibe in Schedule O)			
	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service expenses	► \$ 22,114,3	83		

Part IV	Checklist	of Rec	uired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F-	orm 990	(2010)

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?	Va		140
_	were not tax deductible?	6b		Νo
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
h	services provided to the payor?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		NO
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		N.
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		No
•	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
Ī.	Enter the amount of recognize the annual to annual to annual to the state of			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
14a				

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

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
1_				
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	110
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form			
		11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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			N.a
L	taxable entity during the year?	16a		No
D	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		No
Se	ection C. Disclosure	100	<u> </u>	L 14 0
17	List the States with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRANCIS PARKER SCHOOL
 6501 LINDA VISTA ROAD
 SAN DIEGO, CA 92111

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours	1	() tion that a	(che		11		Rep comp	(D) ortable ensation	(E) Reportable compensation		(F) Estima mount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	m the zation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	. 0	compens from rganizat relat organiza	the ion and ed
See A	odditional Data Table	·												
							1					+		
1b	Sub-Total				٠.	٠.		 						
С	Total from continuation sheets						F	-		1 221 407				120 410
d 	Total (add lines 1b and 1c). Total number of individuals (inc									1,331,407				130,419
	\$100,000 in reportable comper					teu	above) WIIC	receive	ed more tha				
3	Did the organization list any for	rmer officer dire	tor or t	rueta	אם ג	6V 6	mploy	aa 0	r highes	t compans	ated employee		Yes	No
3	on line 1a? If "Yes," complete Sc					• •	•	•		• •	• • •	3	Yes	
4	For any individual listed on line organization and related organiz													
	ındıvıdual		• •	•	•	•	• •	•				4	Yes	
5	Did any person listed on line 1a services rendered to the organi											5		No
_	estica B. Tada canda de Car													
1	ection B. Independent Cor Complete this table for your five		nsatedi	ndep	end	ent o	ontra	tors	that red	eived more	than			
	\$100,000 of compensation from	n the organizatio (A)	n								(B)		(C	:)
RUDO	Nai DLPH & SLETTEN	me and business ad	dress							Descr	iption of services		Comper	
SAN [5 VISTA SORRENTO PARKWAY S 100 DIEGO, CA 92130									CONSTRUCT	ION			189,470
30 SC PHILA	IE MORRIS LLP DUTH 17TH STREET DELPHIA, PA 19103									LEGAL				129,906
WOO	O OXNARD ST STE 980 DLAND HILLS, CA 91367									CONSULTING				124,250
2907	CONSTRUCTION CORTE JARDIN SBAD, CA 92009									CONSTRUCT	ION			104,190

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

\$100,000 in compensation from the organization 1-4

	990 (2010)				Pa	ge 9
Part \	VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
ts ts	1a Federated campaigns 1a					512, 513, or 514
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above q Noncash contributions included in lines 1a-1f \$	1,190,256				
	h Total. Add lines 1a-1f	► Business Code	1,618,259			
Program Service Revenue	TUITION AND FEES b SUMMER SCHOOL c STUDENT SUPPORT SERVICES d e f All other program service revenue	611600 611600	630,774	i i		
<u></u>	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds . 	F	28,904,796 223,392 0			223,39
	(i) Real 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)		0			
	(1) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (1) Securities 7,636,171 7,373,232 7,373,232 262,939	(II) O ther				
omer nevenue	d Net gain or (loss)	86,850 86,850	262,939	262,939		
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, b Less direct expenses c Net income or (loss) from gaming activities	line 19 . a b	0			
	10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue 11a OTHER INCOME b c	Business Code 900099	87,266	87,266		
	d All other revenue	•	87,266			
	12 Total revenue. See Instructions	•	31,096,652	29,255,001	rm 990 (20	223,39

Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	'		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,990,230	2,990,230		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	467,427		467,427	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	14,486,032	10,346,920	3,794,611	344,501
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	953,465	659,742	271,757	21,966
9	Other employee benefits	1,413,343	977,951	402,831	32,561
10	Payroll taxes	1,115,736	772,024	318,007	25,705
а	Fees for services (non-employees) Management	135,000		135,000	
Ь	Legal	147,316		147,316	
c	Accounting	175,771		175,771	
d	Lobbying	0			_
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	16,116			16,116
g	Other	44,748		44,748	
12	Advertising and promotion	161,238	19,182	51,120	90,936
13	Office expenses	341,809	241,190	96,896	3,723
14	Information technology	519,948	348,267	164,374	7,307
15	Royalties	0	-		·
16	Occupancy	1,541,152	1,028,313	494,743	18,096
17	Travel	314			314
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,983			6,983
20	Interest	2,096,077	1,398,579	672,886	24,612
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	2,655,069	1,771,559	852,334	31,176
23	Insurance	230,889		216,384	14,505
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	OTHER EXPENSE	363,970	65,365	287,004	11,601
b	INSTRUCTION	1,245,806	1,245,806		
С	HOSPITALITY & EVENTS	124,312		55,456	68,856
d	ATHLETICS	249,255	249,255		
e	ADMISSIONS	46,141		46,141	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	31,528,147	22,114,383	8,694,806	718,958
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Part X Balance Sheet (A) (B) Beginning of year End of year 3,306,910 1,506,972 1 1 2 17.663.416 2 18.722.823 3,908,965 2,428,134 3 3 102,947 100.452 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Λ Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 0 6 0 7 8 20,627 8 10,359 Prepaid expenses and deferred charges 373,815 9 402,059 10a Land, buildings, and equipment cost or other basis Complete 88.159.377 10a Part VI of Schedule D 10b 15.488.142 ь Less accumulated depreciation 74.968.812 10c 72,671,235 10.818.960 13.486,803 11 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 869.914 15 655.323 15 16 113,091,278 16 108,927,248 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3.270.630 17 2,938,145 17 Accounts payable and accrued expenses . 18 18 19 15.577.972 19 16.301.093 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 15,752,532 **22** 38.129.808 23 49.005.000 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 3.940.952 25 2.997.225 Other liabilities Complete Part X of Schedule D 26 76.671.894 26 71,241,463 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 23.070.238 27 23,156,931 Unrestricted net assets Temporarily restricted net assets 28 4,584,052 28 5,429,764 Fund 9,099,090 8,765,094 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 36,419,384 33 37,685,785 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 113.091.278 34 108,927,248

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,0	96,65
2	Total expenses (must equal Part IX, column (A), line 25)	2			528,14
3	Revenue less expenses Subtract line 2 from line 1	3		- 4	131,49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,4	119,38
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,6	597,89
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		37,6	585,78!
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		Νo

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization FRANCIS PARKER SCHOOL

95-1696720 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(ii) (described on c		e ion in ted in rning nt?	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.			
S	ection A. Public Support		_							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual									
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its									
_	behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column									
	(f)									
6	Public Support. Subtract line 5 from									
Ü	line 4									
S	ection B. Total Support	1				I				
	endar year (or fiscal year beginning									
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	A mounts from line 4									
8	Gross income from interest,									
0	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
-	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
11	Total support (Add lines 7									
	through 10)									
12	Gross receipts from related activities	es, etc (See inst	ructions)			12				
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,			
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14				
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15				
							 			
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec				
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -			
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶			
r/a	10%-facts-and-circumstances test-						ın.			
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported									
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F			
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1			
ט	15 is 10% or more, and if the organ									
	Explain in Part IV how the organizat			•		<u>-</u>	clv			
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶			
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1			
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □			

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15					
16	Public support percentage from 2009 Schedule A, Part III, line 15	16					
Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17					
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18					

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000105
Software Version: 2010v3.2

EIN: 95-1696720

Name: FRANCIS PARKER SCHOOL

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che	y) compensation compensat		Reportable compensation	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
WILLIAM JONES Trustee	1 00	Х						0	0	0	
TOM BANCROFT	1 00	X						0	0	0	
Trustee	1 00							0	0		
TERRY GOODING Trustee	1 00	X						0	0	0	
TED TCHANG Trustee	1 00	Х						0	0	0	
SHELLEY BENOIT Trustee	1 00	×						0	0	0	
ROBERT GILLINGHAM HEAD OF LOWER SCH	40 00					x		135,037	0	14,624	
RICHARD DICKER Trustee	1 00	Х						0	0	0	
RICHARD BLUMENTHAL FORMER HEAD OF SCHOOL	40 00						х	191,760	0	9,784	
PHIL WHITE Trustee	1 00	Х						0	0	0	
PAUL ROUDEBUSH UPPER SCHOOL DEAN	40 00					х		122,457	0	12,415	
PATRICIA MCKENNA HEAD OF MIDDLE SCH	40 00					×		137,061	0	12,681	
MICHAEL O'HALLORAN Trustee	1 00	Х						0	0	0	
MICHAEL LOWRY FORMER CFO	40 00						х	131,122	0	16,890	
LYNN GORGUZE Secretary	1 00	Х		х				0	0	0	
KIRSTEN RINDAL Trustee	1 00	Х						0	0	0	
KEVIN YALEY HEAD OF SCHOOL	40 00	Х		х				230,685	0	20,540	
KATHY PURDON Trustee	1 00	Х						0	0	0	
JULIA INGRAM TRUSTEE	1 00	Х						0	0	0	
JUDITH CONNER DIR OF ADMISSIONS	40 00					х		113,914	0	14,676	
JON LAUER Chairman	1 00	Х						0	0	0	
JIMMY ANKLESARIA Trustee	1 00	Х						0	0	0	
JEFFREY VONBEHREN TRUSTEE	1 00	Х						0	0	0	
JEFF SILBERMAN Trustee	1 00	Х						0	0	0	
JANE FETTER TRUSTEE	1 00	Х						0	0	0	
JAMES TOMEY FACULTY MEMBER	40 00					х		100,412	0	9,076	
<u>r</u>											

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

Trustee

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		(C) Position (check al that apply)		check all pply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
HAMILTON SOUTHWORTH Trustee	1 00	Х						0	0	0	
GRANT LICHTMAN COO	40 00				x			168,959	0	19,733	
DEE ANNE CANEPA TRUSTEE	1 00	Х						0	0	0	
CATHY SULLIVAN Trustee	1 00	х						0	0	0	
CATHERINE NICHOLAS Trustee	1 00	х						0	0	0	
BRENT WOODS Trustee	1 00	Х						0	0	0	
BILL INGRAM Trustee	1 00	Х						0	0	0	
BILL GURTIN TRUSTEE	1 00	Х						0	0	0	
BERT LIANG Trustee	1 00	Х						0	0	0	
ANNIKA BOHL Trustee	1 00	х						0	0	0	

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DLN: 93493062008432

OMB No 1545-0047

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SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

ernal	Revenue Service	► Attach to Fe	orm 990. F See separate instructions.		In	spect	ion
	me of the organi			Emp	loyer identification	numbe	r
·KA	NCIS PARKER SCHO	JUL		95-	1696720		
Pa			dvised Funds or Other Similar			omplet	te if the
	organiz	zation answered "Yes" to Form 99					
			(a) Donor advised funds		(b) Funds and other	accou	nts ———
	Total number a						
		tributions to (during year)					
		nts from (during year)					
		le at end of year					
	_		sors in writing that the assets held in do organization's exclusive legal control?	onor adv	rsed [Yes	∏ No
	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for		r purpose	Yes	┌ No
aı	tIII Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, lır	ne 7.	
	Preservation Preservation Complete lines	of natural habitat	on or pleasure) Preservation of	a certifie	d historic structure		a
					Held at the End	of the	Year
а	Total number o	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
С	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
	the taxable yea	servation easements modified, transfe ar ► tes where property subject to conserva	rred, released, extinguished, or termina	ted by th	ne organızatıon durı	ng	
	Does the organ		g the periodic monitoring, inspection, ha	 indling of		Yes	┌ No
		3,	pecting and enforcing conservation ease				
			ng, and enforcing conservation easemer		g the year 🟲 \$		
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection	Г	Yes	┌ No
	balance sheet,	<u>-</u>	onservation easements in its revenue a the footnote to the organization's financi nents	•		s	
аг			ns of Art, Historical Treasures 'Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar Ass	ets.	
а	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stater for public exhibition, education or resea ancial statements that describes these	arch in fu			2 ,
b	historical treas	· ·	116, to report in its revenue statement public exhibition, education, or research				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets Inc	luded in Form 990, Part X			► \$		
		·	orical treasures, or other similar assets	for finan			
	_	nts required to be reported under SFA	·				
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

'ar	Titl Organizations Maintaining Co	<u>llections of Art</u>	, Hist	torica	<u>il Trea</u>	sures, or (<u> </u>	<u>er Similai</u>	ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e follov	ving that	are a signific	ant ı	use of its co	llectio	n	
а	Public exhibition		d		oan or e	xchange prog	rams	3			
b	Scholarly research		e	Γ o	ther						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they f	urther th	ne organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an an										
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for con	tributior	ns or other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	followi	ıng tabl	le						
									A mou	ınt	
С	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	/									
a	rt V Endowment Funds. Complete										
		(a)Current Year 11,016,835	(b)	Prior Ye	ar (97,107	(c) Two Years Bad 11,818,	- + -	d) Three Years	Back (e)Four Y	ears Back
	Beginning of year balance						-				
b	Contributions	333,996			26,382	360, -1,861,					
с	Investment earnings or losses	2,702,487		1,2.	25,441	271,	-				
d	Grants or scholarships	378,968		1.	32,095	248,	-+				
е	Other expenditures for facilities and programs	370,300		٦.	32,033	240,	507				
f	Administrative expenses										
g	End of year balance	13,674,350		11,0	16,835	9,797,	107				
2	Provide the estimated percentage of the yea	r end balance held a	is		•				•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment • 67 000 %										
c	Term endowment ► 33 000 %										
a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are	held an	ıd admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations						•		3a(i)		No
	(ii) related organizations						•		3a(ii)		N o
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	·					•		3b		No
						Dart V June	10				
∕ €I	TEXT Investments—Land, Building: Description of investment	s, and Equipme	nt. Se	(a) Co	ost or othe nvestmen	er (b) Cost or o	other	(c) Accumu		(d) Boo	ok value
) GIEDU	vc3uIICII	<u> </u>		•	-		
	Land		•				0,155				540,155
	Buildings		•			83,34	3,706	12,2	12,301	7:	1,101,405
	Leasehold improvements		•								
	Equipment		•			4,27	5,516	3,24	15,841	:	1,029,675
e	Other			1					- 1		

72,671,235

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation f-year market value
(including name of security)		Cost of elia-o	i-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Fodoral Income Tayon			
Federal Income Taxes			
POOLED INCOME FUND	83,267		
INTEREST RATE SWAPS	2,818,979		
CLUB & AGENCY ACOUNTS	94,979		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	2,997,225		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,096,652
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,528,147
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-431,495
4	Net unrealized gains (losses) on investments	4	2,242,804
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-544,908
9	Total adjustments (net) Add lines 4 - 8	9	1,697,896
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,266,401
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,349,226
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	2,242,804
3	Subtract line 2e from line 1	3	28,106,422
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,990,230
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	31,096,652
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	28,537,917
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,537,917
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	2,990,230
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,528,147
	th VIIV Complemental Information		

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The School is exempt from federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code and is also exempt from state income taxes. The School reviewed its positions for all open tax years and has determined that no provision for uncertain tax positions under FASB. Accounting Standards Codification No. 740-10 is required.
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	FINANCIAL AID \$2990230
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	FINANCIAL AID \$2990230
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN VALUE OF INTEREST RATE SWAPS \$942844 BOND REFINANCING PEALTIES & FEES \$ -930432 WRITE- OFF OF UNAMORTIZED BOND ISSUANCE COSTS \$ -557320
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	THE SCHOOL MAKES APPROPRIATIONS FROM ITS ENDOWMENT IN ACCORDANCE WITH DONOR IMPOSED RESTRICTIONS THE PURPOSES REQUIRED BY THE DONORS INCLUDE FINANCIAL AID, PROFESSIONAL DEVELOPMENT, CURRICULUM DEVELOPMENT AND OTHER PROGRAM SUPPORT

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DLN: 93493062008432

OMB No 1545-0047

2010

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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►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.

Schools

Name of the organization FRANCIS PARKER SCHOOL

Employer identification number

95-1696720

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

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		the School publicizes its racial and other non-discrimination policies on its Website, its enrollment solicitation materials, and its enrollment applications and related forms in a manner so that its policies are known to the general community it serves. In addition, the School publicizes its racial and other non-discrimination policies in a local new spaper, The San Diego Union Tribune, on an annual basis.

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493062008432

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

Inspection

Name of the organization FRANCIS PARKER SCHOOL **Employer identification number**

1 10/	MCIST ARREN SCHOOL							95-1696720		
Pa	art I Fundraising Ac	tivities. Comple	te if the o	organiza	tion a	nswered "Yes"	to Form	າ 990, Part IV	, line 17.	
1	Indicate whether the orga	nızatıon raısed fund:	s through a	any of the	follov	ving activities Ch	eck all t	hat apply		
а	Mail solicitations		e	\sqcap	Solicitation of no	n-govern	ment grants			
b						Solicitation of go		=		
c	3 ,									
d	In-person solicitation	S								
2a	Did the organization have or key employees listed in								┌ _{Yes}	r N∈
b	If "Yes," list the ten highe to be compensated at leas									
(i) Name and address of individual or entity (fundraiser)			fundrai cust cont			(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)		(vi) A mount (or retaine organiza	d by)
			Yes	No						
Tot	al			.						

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 GALA (event type)	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
Φ	1	Gross receipts	514,85	3		514,853
Revenue	2	Less Charitable contributions	428,003	3		428,003
<u>~</u>	3	Gross income (line 1 minus line 2)	86,850			86,850
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages				
Direct	8	Entertainment				
莅	9	Other direct expenses .	86,850			86,850
Par	10 11 t III	Direct expense summary Add lin Net income summary Combine lii Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	nes 3 and 10 in column (d)	rt IV, line 19, or rep	86,850 orted more than
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
မှာ	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	<pre> Yes % No </pre>	☐ Yes % ☐ No	┌ Yes % ┌ No	
		Direct expense summary Add lines Net gaming income summary Com				
9 a b	Is t	er the state(s) in which the organization licensed to operate	gaming activities in eac			· · Fyes Fno
10a b		re any of the organization's gaming Yes," Explain			the tax year?	·· Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Part I General Information on Grants and Assistance

DLN: 93493062008432 OMB No 1545-0047

Inspect ion

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

FRANCIS PARKER SCHOOL

Schedule I

(Form 990)

► Attach to Form 990 Name of the organization

Employer identification number

95-1696720

	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	United States. Comeck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	rt IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	259	2,990,230		FMV	

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

Ident if ier	Return Reference	Explanation
A dditional Supplemental		Educational scholarships are applied against tuition and other related charges on the students' account. Individual accounts
Information		and the student billing system as a whole are reconciled on a regular basis

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DLN: 93493062008432

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Name of the organization

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

FRA	ANCIS PARKER SCHOOL						
				95-1696720			
Pa	rt I Questions Regarding Compensation	n					
						Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	굣	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		- · · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the organization organization organization organization organization.			3			
	Compensation committee	<u> </u>	Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	⊽	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, or a related organization	Part V I	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control	payme	nt from the organization or a related o	rganization?	4a		Νo
ь	Participate in, or receive payment from, a supplement	ntal nor	nqualıfıed retırement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-be	ased co	ompensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		No
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1 a	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, p						

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) RICHARD BLUMENTHAL	(1) (11)	130,928	60,000	832	6,750	3,034	201,544		
(2) MICHAEL LOWRY	(1) (11)	131,033		89	10,792	6,098	148,012		
(3) KEVIN YALEY	(1) (11)	185,968	35,000	9,717	14,348	6,192	251,225		
(4) GRANT LICHTMAN	(1) (11)	168,613		346	13,496	6,237	188,692		
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
								I- 1 /F 000) 2010	

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2010

Schedule K

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493062008432

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

FRANCIS PARKER SCHOOL

Employer identification number 95-1696720

P	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pri	ce	(f) Description	n of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	ABAG FINANCE AUTHORITY FO	94-3130123		11-04-2010	30,000,0	000	APITAL EXPEN	DITURES		x		х		
- В _	ABAG FINANCE AUTHORITY FO	94-3130123	00037CGT1	09-01-2005	20,000,0	000 C	APITAL EXPEN	DITURES		Х		Х		
-														
	art II Proceeds													
12	art II Proceeds				A			В		С				
1	A mount of bonds retired													
2	A mount of bonds legally defea	sed												
3	Total proceeds of issue				30	0,000,0	000							
4	Gross proceeds in reserve fur	nds												
5	Capitalized interest from proc	eeds												
6	Proceeds in refunding escrow													
7	Issuance costs from proceed:	s												
8	Credit enhancement from prod	eeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro	ceeds												
11														
12	Other unspent proceeds													
13	Year of substantial completion	n 												
					Yes	No	Yes	No	Yes		No	Yes	-	No
14					X									
15	Were the bonds issued as par	t of an advance ref	unding issue?			Х								
16	Has the final allocation of pro-	ceeds been made?			X									
17	Does the organization maintain allocation of proceeds?	ın adequate books	and records to sup	port the final	х									
Pa	rt III Private Business U	Jse							· ·					
					Yes	No	Yes	B No	Yes	C	No	Yes	D	No
1	Was the organization a partne	r in a partnershin i	or a member of an I	LC, which owned	ies	110	res	NO	1 65		140	ies	+	NO
•	property financed by tay aver			,o ocu								1		

financed property?

Are there any lease arrangements that may result in private business use of bond-

Part III	Private Busines	s Use (Continued)
----------	-----------------	-------------------

			١	ı	В		С		ס
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								
Pai	t IV Arbitrage							-	

		_ ^		0		· ·			
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2	Is the bond issue a variable rate issue?								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
b	Name of provider						<u> </u>		
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?								
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?								

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

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DLN: 93493062008432

OMB No 1545-0047

2010

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

	e of the organization CIS PARKER SCHOOL							E	mployer i	dentifica	ation numb	er	
Part								organi		only).			
	Complete if the organizat	ion ans	wered '	"Yes" on For	m 990, l T	Part IV, line 25a	or 25b, c	or Form	990-EZ,	Part V , I			
1	(a) Name of dısq	ualıfıed	l person	ı		(b) Desc	ription	of trans	action		<u> </u>	orrecte	<u>d?</u>
							<u>'</u>				Yes	No	
					-								
													_
													_
-	Enter the amount of tax impos		h								<u> </u>	-	
	enter the amount of tax impos section 4958								yearunde •	г • \$			_
	Enter the amount of tax, if any									• \$			
	enter the amount of tax, if an,	, 011 1111	0 2, 450	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, cu b, ti	organization :				<u> </u>			_
Part	Loans to and/or l												
	Complete if the organiz	zation a T	ans we re	d "Yes" on F T	orm 990), Part IV, line 26 T	, or Forr	n 990-l	T .	, line 38	Ba		
		1 ' '	oan to				(e)]	'n	(f) Approv	/ed	(g)Writ	ten	
(a) N	ame of interested person and		om the	(c)0 rig		(d)Balance due	defau		by boar		agreem		
	purpose	organi	ızatıon?	principal a	amount				commit	tee?			
		То	From				Yes	No	Yes	No	Yes	No	_
										+			_
													_
								1		+	+	+	_
													_
Total				<u> </u>	▶ \$			1				1	_
Part						Persons.					<u> </u>		_
	Complete if the orga						/, line 2	27.					
	(a) Name of interested pers	on	(b) Relationsh	nip betwe	een interested per	rson	(c) \ n	nount of a	rant or t	ype of ass	stance	
	(a) Name of interested pers	OII		ar	nd the or	ganızatıon		(C)A	ilouiit oi y	I a III OI L	ype or ass	stance	_

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organiza	don answered res on	101111 330, 1 drc 1 v , 111	1C 200, 200, 01 20C.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) BO A RD MEMBER - REDEEMED BO NDS	BOARD MEMBER	3,000,000	REDEEMED BONDS		Νο
(2) BO A RD MEMBER - REDEEMED BO NDS	BOARD MEMBER	12,947,549	REDEEMED BONDS		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		BONDS HELD BY TWO MEMBERS OF THE BOARD OF TRUSTEES WERE REDEEMED DURING THE YEAR

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number FRANCIS PARKER SCHOOL 95-1696720

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art-Works of art			1g				
	Art—Historical treasures							
_	Art—Fractional interests							
	Books and publications							
	Clothing and household							
ood								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	9	229,675				
.0	Securities—Closely held stock							
1	Securities—Partnership, LLC, or trust interests .							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts .							
5	O ther ► ()							
6	O ther ▶()							
7	O ther ►()							
8	O ther ► ()							
9	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
0a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
	If "Yes," describe the arrangement							
1	Does the organization have a gift a	cceptano	e policy that requires the r	review of any non-standard	contributions?	31		Νο
2a	Does the organization hire or use the contributions?	hırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes," describe in Part II							
	If the organization did not report re	venuesi	n column (c) for a type of n	roperty for which column (a) is checked.			
-	describe in Part II				,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization FRANCIS PARKER SCHOOL

Employer identification number

95-1696720

lo	dentifier	Return Reference	Explanation
Form Line 1		Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, conflict of interest policy and financial statements are available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation for the Head of School is set by the Executive Committee of the Board of Trustees. The Executive Committee engages an independent party to prepare a report with compensation information for comparable positions and uses this information when determining the Head of School's compensation. The approved compensation plan for the Head of School is documented in an employment agreement Compensation for other officers and key employees is set by the Head of School with input from the Executive Committee of the Board of Trustees. The Head of School considers information from national, regional, and local compensation surveys when determining compensation for other officers and key employees. The Head of School reviews this information with the Executive Committee before finalizing the compensation for other officers and key employees. The compensation plans for all officers and key employees are documented in an employment agreement.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis, members of the Board of Trustees are required to read and sign a Conflict of Interest statement in which each member expressly acknowledges an obligation and responsibility to (1) carry out their duties and exercise any authority for the sole benefit of the School, (2) avoid any circumstance in which the member's personal interests conflict with the interests of the School, and (3) notify the Board of Trustees in the event the member has a potential conflict of interest or has knowledge of another person having a potential conflict of interest in order to be employed by the School, new employees are required to acknowledge in writing that they have read and understand the policies included in the School's Employee Handbook included in the Handbook is a Conflict of Interest policy that prohibits employees from engaging in activities that directly compete with the business or interests of the School in addition, the Handbook includes a Whistleblower policy, which outlines the School's process for reporting any suspected violations of School policy and provides assurance that employees who report potential violations will not be subject to retaliation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11		Form 990 is prepared and review ed by School management and the School's external auditors. Once the initial preparation and review work is completed, a draft version of Form 990 (excluding Schedule B - Schedule of Contributors) is provided to the Audit Committee of the Board of Trustees for its review. The Audit Committee then meets with School management to review its questions and comments, and identified changes are made to Form 990 as a result of this meeting. Following the Audit Committee's review, a copy of Form 990 (excluding Schedule B - Schedule of Contributors) is distributed to members of the Board of Trustees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	There is one class of members. Members shall be (a) parents or legal guardians of currently registered students of the School who are identified as such on student contracts and (b) all current members of the Board of Trustees. Members who are not behind or in default with all the School's required tuition, dues, fees and assessments shall be members in good standing and may attend or vote at meetings of members. Even though a person may qualify multiple times as a member, i.e. by virtue of having more than one child enrolled at the School or by being a parent and a member of the Board, no person shall have more than one vote as a member.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	During the year ended June 30, 2011, the School determined that an employee had diverted approximately \$312,000 of the School's assets for the employee's personal benefit over the course of several years Following this determination, the employee was terminated, the School filed criminal charges against the former employee, and an insurance claim was made under the School's theft policy. The School also instituted additional control measures to prevent such a diversion from recurring. Subsequent to June 30, 2011, the School recovered the amount diverted through its insurance claim.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	JULIA INGRAM AND BILL INGRAM HAVE A FAMILY RELATIONSHIP