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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2011

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

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

2011, and ending A For the 2011 calendar year, or tax year beginning June 30 July 1 C Name of organization D Employer identification number B Check if applicable 03-0564240 McKinley School Foundation of San Diego Address change Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 619-292-7694 3045 Felton Street Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return San Diego, CA 92104 Number ▶ Application pending H Check ► ☑ If the organization is not G Accounting Method ✓ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF) 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 114,685 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I . 34,021 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . 4 4 Investment income . . 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 42,924 6d Gross sales of inventory, less returns and allowances . . 7a 7a 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 SCANNED 76,945 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 42.569 10 Grants and similar amounts paid (list-in-Schedule O) Benefits paid to or for members / - |) . . . 11 11 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors.

Occupancy fent, utilities, and maintenance. 315 13 13 14 14 55 15 15 Printing, publications, postage, and shipping . 1,759 16 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16-44,698 17 17 32,247 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 34,819 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 67.066 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form **990-EZ** (2011) Cat No 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

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Pai	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	•	nv auestion in this	Part II		🗆
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[34,819	22	67,066
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		<i>.</i> [34,819	25	67,066
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	34,819	27	67,066
Part	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III.)		Expenses
	Check if the organization used Schedule	O to respond to an	ny question in this	Part	(Rea	uired for section
What	is the organization's primary exempt purpose?	See Schedule O		<u> </u>	501(0	c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	its three largest p	rogram services,		nizations and section (a)(1) trusts, optional
	leasured by expenses. In a clear and concise m					thers)
perso	ons benefited, and other relevant information for ea	ch program title.				<u> </u>
28	Music Teacher: Provide weekly instruction and 2 cor	cert performances f	or all Kindergarten th	rough 3rd Grade		
	students at McKinley. This included choral selection	is, as well as recordi	ng and other percus	sion instrument		
	instruction. Approximate number of students benefi	ting from this grant v	vas 300.			
	(Grants \$ 14,820) If this amount			<u> ▶ □</u>	28a	0
29	Spanish Instructors: Provide weekly instruction for a		igh 5th Grade studer	nts at McKinley.		
	Approximate number of students benefiting from this	s grant was 455.				
	(Grants \$ 10,180) If this amount				29a	0
30	Ceramics Classes: Provide 6 to 8 week sessions per					
	are themed around the time of year and fired in the s	chool's own kiln. Ap	proximately 455 stud	tents receive		
	this art instruction.					_
	(Grants \$ 10,140) If this amount	includes foreign gra	nts, check here .	. ▶ 📙	30a	0
31	Other program services (describe in Schedule O)					_
	(Grants \$ 7,429) If this amount		nts, check here .	<u> ▶ ⊔</u>	31a	0
	Total program service expenses (add lines 28a t	hrough 31a)		•	32	42,569
Par	List of Officers, Directors, Trustees, and Key	Employees. List each				
Part		Employees. List each	ny question in this	Part IV		
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees. List ead O to respond to ai (b) Title and average	(c) Reportable compensation	Part IV	nstruc	ctions for Part IV.)
Part	List of Officers, Directors, Trustees, and Key	Employees. List ead O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV	e (e)	ctions for Part IV.)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to an (b) Title and average hours per week devoted to position	(c) Reportable compensation	Part IV	e (e)	ctions for Part IV.)
Amy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller	O to respond to an (b) Title and average hours per week	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
Amy San	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104	Description of the provided HTML of the Provided HT	(c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e)	ctions for Part IV.)
Amy San	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook	PEmployees. List each O to respond to all (b) Title and average hours per week devoted to position President: 2 hours	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
Amy San Steve	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook Diego, CA 92104	Description of the President: 2 hours Pemployees. List each O to respond to all (b) Title and average hours per week devoted to position President: 2 hours Vice President: 2 hours	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
Amy San Steve San Staci	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook Diego, CA 92104 ia Keller	PEmployees. List each O to respond to all (b) Title and average hours per week devoted to position President: 2 hours	c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
Amy San Steve San Staci	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook Diego, CA 92104 ia Keller Diego, CA 92104	Cemployees. List each O to respond to all O to respond to all (b) Title and average hours per week devoted to position President: 2 hours Vice President: 2 hours Secretary: 1 hour	y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation
Amy San Steve San Staci San Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook Diego, CA 92104 ia Keller Diego, CA 92104 ara Bovee	Description of the President: 2 hours Pemployees. List each O to respond to all (b) Title and average hours per week devoted to position President: 2 hours Vice President: 2 hours	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation 0
Amy San Steve San Staci San Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Miller Diego, CA 92104 e Cook Diego, CA 92104 ia Keller Diego, CA 92104	Cemployees. List each O to respond to all O to respond to all (b) Title and average hours per week devoted to position President: 2 hours Vice President: 2 hours Secretary: 1 hour	c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of ther compensation 0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			\Box
	instructions for Fart V.) Check if the organization used Schedule O to respond to any question in the	31 411	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			بترسيس
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	7 7		į
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	` ,		
40a	section 4911 ►	:		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	.≟ 40b	iam a	
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	* *	ž 4 4	; , , , , , , , , , , , , , , , , , , ,
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	**		i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		·
41	List the states with which a copy of this return is filed ▶ California			
42a		619-28	2-7694	!
	Located at ► 3045 Felton Street, San Diego, CA ZIP + 4 ►	921		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	406	Yes	No
	If "Yes," enter the name of the foreign country	42b		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u>√</u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
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Page	4

							Yes	No
46	Did the organization engage, directly or in					tion		Ľ
	to candidates for public office? If "Yes,"					46		<u> </u>
Part		and section 4947	(a)(1) nonexempt	charitable	trusts on	ı ly. All se	ection	
	501(c)(3) organizations and secti	on 4947(a)(1) nonex	cempt charitable tru	usts must	answer qu	estions -	47–49	b
	and 52, and complete the tables	for lines 50 and 51						
	Check if the organization used Sc			this Part VI		<u> </u>		<u>. 🖵</u>
-				-	-		Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax		
	year? If "Yes," complete Schedule C, Par					. 47	,	✓
48	Is the organization a school as described		i)? If "Yes " complete	Schedule E		48	3	1
49a	Did the organization make any transfers t					49		1
	<u> </u>			zation: .		. 49	-	
b	If "Yes," was the related organization a se Complete this table for the organization's	scuon 527 organizado	ostad amplayaas (atl	 hor than off				nd key
50	employees) who each received more than	s live nighest compen	sated employees (or	ner than on	there is non	o enter '	'None	"
	employees) who each received more than	T \$100,000 Of Comper	Isation nom the orga		h benefits,	10, 011101	140110	
	(a) Name and address of each employee	(b) Title and average	(c) Reportable		s to employee	(e) Estima	ited amo	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans	, and deferred	other co	ompensa	ition
		devoted to position	(1 Offile VI 27 1000 Wile 0)	compe	ensation			
None								
		1						
-							-	
		-						
		-	· -	-		_		
		1						
			<u>. </u>					
f	Total number of other employees paid ov		· • <u> </u>			•		
51	Complete this table for the organization	's five highest compe	ensated independent	t contractor	s who eac	h receive	a mor	e tnan
	\$100,000 of compensation from the orga	anization if there is no	one, enter None.					
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	VICe	(0) Compens	ation	
								
None			1					
		 	<u> </u>					
					1			
			J					
					<u> </u>			
					<u> </u>			
			1					
d	Total number of other independent contr	actors each receiving	over \$100,000	•				
52	Did the organization complete Schedule	~		s and 4947	(a)(1)			
52	nonexempt charitable trusts must attach				(~/(· /	► 7 Y	es 🗆	No
Linder				onte and to th	a best of my b			
true, co	penalties of perjury, I declare that I have examined this irrect, and complete Declaration of preparer (other tha	return, including accompan in officer) is based on all info	lying scriedules and statem ormation of which preparer	has any know	ie best of my k	owieuge i	and Delle	, 13
				- 		<u> </u>		
Sign	Signature of difficer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Schlossberg,		ate			
		1110010	President	آسالت				
Here		/ VVV //	L	17112				
	Type or print name and title	Dran area a service at the service a		loto.		ı PTIN		
Paid	Print/Type preparer's name	Preparer's signature	ا	ate	Check C	J If	•	
Prep					self-empl	oyed		
-	Only Firm's name >			Fı	rm's EIN ▶			
	Firm's address ▶	<u>.</u>		PI	опе по			
May t	he IRS discuss this return with the prepare	r shown above? See	instructions			▶ □ Ye	es 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization		<u> </u>			_	[E	Employer id	lentification	number	
McKinley School Found									64240	
		rity Status (All orga						nstructio	ns.	
2 A school desc 3 A hospital or a 4 A medical resc	vention of churcl ribed in section a cooperative hos	nes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches th Schede	s describe ule E) cribed in s	ed in sec section 1	tion 170(70(b)(1)([b)(1)(A)(i A)(iii).		(iii). Enter	the
5 An organization		the benefit of a collec	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit de	scribed in
7 📝 An organization	on that normally	nment or government: receives a substantia (A)(vi). (Complete Par	I part of					nit or from	n the gene	eral public
9 An organization receipts from support from acquired by the	on that normally activities related gross investment organization a	n section 170(b)(1)(A) receives. (1) more that if to its exempt funct int income and unrel fter June 30, 1975 Se	an 33¹/₃% ions—sul lated bus ee sectio	6 of its subject to desires tables tables to the following	upport fro certain ex xable inc 2). (Comp	ceptions ome (les olete Par	s, and (2) ss section t III.)	no more n 511 ta	than 331	¹/₃% of its
11 An organization purposes of computation 509(a)(3). Che	on organized and one or more publick the box that one	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th nizations supportir	ne benefit described ng organiz	t of, to p d in sect zation and	perform foon 509(a d comple	the funct a)(1) or se	ions of, ection 509 1e throug	9(a)(2). Se gh 11h. -	ee section
a ☐ Type I e ☐ By checking the other than four section 509	ındation manage	Type II c that the organization rs and other than one	is not co	III-Funct ntrolled d publicly	lirectly or	ındırectl	y by one izations o	or more] Type III- disqualifie	ed persons
organization, o	check this box .	written determination							e III supp 	oorting
following pers	ons?	ne organization accer	-	_					. г	w. Lu
		ndirectly controls, eithody of the supported of								Yes No
	-	on described in (i) abo							11g(i) 11g(ii)	
(iii) A 35% cor	ntrolled entity of	a person described in on about the support	ı (ı) or (iı) a	above? .					11g(m)	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) is the c	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?		mount of oport
			Yes	No	Yes	No	Yes	No		
(A)		_								
(B)				_						
(C)										
(D)										
(E)										
				<u> </u>	l			1	_	·

Page 2

instructions

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	ality under
	Part III. If the organization fails to	quality unde	er the tests lis	sted below, pi	ease comple	te Part III.)	
	on A. Public Support	(-) 0007	(L) 0000	(-) 2000	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(i) iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	24,755	11,777	28,578	21,249	34,021	120,380
2	Tax revenues levied for the	24,733	- 1,777	20,370	21,210	5.,551	
2	organization's benefit and either paid						
	to or expended on its behalf .						
3	The value of services or facilities						
•	furnished by a governmental unit to the		·		·		
	organization without charge						
4	Total. Add lines 1 through 3	24,755	11,777	28,578	21,249	34,021	120,380
5	The portion of total contributions by		i *	* *		* * * * * * * * * * * * * * * * * * * *	
	each person (other than a		*	/ !	. w	,	
	governmental unit or publicly	3		, Ĵ(3.	·	
	supported organization) included on			* * * * * * * * * * * * * * * * * * * *			
	line 1 that exceeds 2% of the amount			n a as			59,388
_	shown on line 11, column (f)	* **	***	12:31	**5.3%	£ .	60,992
6 Section	Public support. Subtract line 5 from line 4. on B. Total Support	, , , , , , , , , , , , , , , , , , , ,		1		<u> </u>	00,552
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	24,755	11,777	28,578	21,249	34,021	120,380
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar			1			
	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.)						400.000
11	Total support. Add lines 7 through 10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			*	<i>"</i> .	120,380 179,974
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the first five years.				or fifth tay w	12	
13	organization, check this box and stop he			ia, iriira, iouriri	i, Or illuritax y	ear as a section	. •
Secti	on C. Computation of Public Suppo				<u> </u>		
14	Public support percentage for 2011 (line			11 column (fl)		14	51 %
15	Public support percentage from 2010 Sc					15	60 %
16a	331/3% support test—2011. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
	box and stop here. The organization qua						▶ [
b	331/3% support test-2010. If the orga					15 is 331/3%	or more,
	check this box and stop here. The organ	nzation qualifie	s as a publicly	supported org	ganization .		. ▶ 🗀
17a	10%-facts-and-circumstances test-2	011. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 ıs
	10% or more, and if the organization me	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here. E	Explain in
	Part IV how the organization meets the "	facts-and-circi	umstances" te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						•
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization in		s-and-circums	tances" test. T	ne organizatio	n qualifies as a	a publicly
40	supported organization				 . or 17h obse		
18	Private foundation. If the organization d	io noi check a	DOX OIT IIITE 13	, ιυα, ιου, 1/ε	2, OI 17D, CHEC	in alia box alia	000

•							_
Part	(Complete only if you checked the lift the organization fails to qualify	he box on line	e 9 of Part I o	r if the organi			Page 3
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b			\$ \$\displays \displays \di			
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						

9	Amounts from line 6	(-,	(-,	(2,		.,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)						
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a se	ction 501(c)(3)
	organization, check this box and stop he	re	<u> </u>		<u> </u>		🕨 🗀
<u>Secti</u>	on C. Computation of Public Suppo	<u>-</u>					
15	Public support percentage for 2011 (line		•				%
16	Public support percentage from 2010 Sc				<u></u>	16	%
<u>Secti</u>	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2011 (line 10c, colun	nn (f) dıvided b	y line 13, colur	mn (f))	17	<u>%</u>
18	Investment income percentage from 2010	•	•				%
19a	331/3% support tests—2011. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as a	a publicly suppo	orted organi	ization
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331/3%, check this	·-	· ·	•	•		
20	Private foundation. If the organization d	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	structions 🕨 🔲
					Sch	edule A (Forn	n 990 or 990-EZ) 2011

ichedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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•	······································	
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SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number McKinley School Foundation of San Diego 03-0564240 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants а ☐ Mail solicitations ☐ Internet and email solicitations ☐ Solicitation of government grants Special fundraising events ☐ Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (III) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? or entity (fundraiser) from activity organization col (i) Yes No 1 3 5 6 7 8 9 10

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

compensated at least \$5,000 by the organization.

Pa	ila II	than \$15,000 of fundraising gross receipts greater that		and gross income on f	-orm 990-EZ, lines 1 a	nd 6b. List events with
-	_		(a) Event #1 SoNo Holiday Fest (event type)	(b) Event #2 Jog-a-thon (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	26,651	17,348	23,289	67,288
æ	2	Less: Charitable contributions	11,520	500	4,780	16,670
	3	Gross income (line 1 minus line 2)	15,131	16,848	18,639	50,618
	4	Cash prizes				
	5	Noncash prizes	1,000	500	4,780	6,280
uses	6	Rent/facility costs			1,300	1,300
Direct Expenses	7	Food and beverages			1,350	1,350
Direc	8	Entertainment			2,000	2,000
	9	Other direct expenses .	10,795	2,154	4,609	17,558
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), ai	nd line 10		(28,488) 106,088
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" to Form 990), Part IV, line 19, or i	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes .				
Direct Expenses	3	Noncash prizes				
Orrect	4	Rent/facility costs .				
_	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summary	y. Combine line 1, colun	nn d, and line 7	<u>.</u> <u>.</u> >	
g) En	nter the state(s) in which the or	• . •	ming activities: in each of these states'	?	🗌 Yes 🗎 No
		"No," explain.	•••••			
10	b If "					

chedu	le G (Form 990 or 990-EZ) 2011 Page •			
11	Does the organization operate gaming activities with nonmembers?			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?			
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	tarres and the second of the s			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

2011

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Employer identification number 03-0564240

McKinley School Foundation of San Diego	03-0564240		
FORM 990-EZ: Part I, Line 10 - Grants and similar amounts paid:			
Music Teacher: \$ 14,820			
Spanish Instruction: \$ 10,180			
Ceramics Classes: \$ 10,140			
Buses: \$ 3,780			
Campus Beautification (Mural): \$ 1,425			
Teacher Appreciation: \$ 1,087			
Literature Assembly: \$ 883			
Running Program: \$ 254	·		
TOTAL: \$ 42,569			
FORM 990-EZ: Part I, Line 16 - Other Expenses:			
Insurance: \$ 1,028			
Food: \$ 621			
Miscellaneous: \$110			
TOTAL: \$ 1,759			
FORM 990-EZ: Part III - What is the Organization's primary exempt purpose:			
Provide financial support to enhance and enrich the educational opportunities of McKinley Elementar	y Students, including but not limited		
to art, music, Spanish and cultural experiences.			
FORM 990-EZ: Part III, line 31 - Other program services:			
Buses: Provide transportation for all of the field trips taken by students. Trips include national & state	parks, art and music experiences,		
and other nature experiences. Approximately 455 students receive this benefit. Grant was for \$ 3,780.			
Campus Beautification: Add mural to exterior of school auditorium to provide better recognition of ca	mpus to community. Grant was for		
\$1.425 for this project			

•	
Schedule O (Form 990 or 990-EZ) (2011)	Page 2
lame of the organization McKinley School Foundation of San Diego	Employer identification number 03-0564240
	and the fact their classes
Teacher Appreciation: Provide annual gift cards to all teachers to purchase art and other cl	assroom supplies for their classes.
Approximately 455 students benefited from this program. Grant was for \$ 1,087.	
Literature Assembly: Provide a literature experience where a chosen book is acted out by s	tudents at an assembly. Approximately 455
students receive this benefit. The grant of \$ 883 was provided to a trained teacher to lead th	is annual event.
Running Program: Provide prizes as ıncentives for a volunteer running program before sch	ool every morning, to encourage regular exercise
for all students. Approximately 350 students participate in this program every morning. Gra	