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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

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.

AI	or me	2012 calenda	ar year, or tax year beginning July 1 , 2012, ar	ia enaing	Jun	e 30 , 4	20 13
В	Check if ap	plicable	C Name of organization		D Employe	er identification nui	mber
	Address c	ddress change McKinley School Foundation of San Diego  Number and street (or P O box, if mail is not delivered to street address)  Roor				03-0564240	
$\overline{}$			E Telephor	ne number			
$\overline{}$	Initial retui			619-292-7694			
H	Terminate Amended		City or town, state or country, and ZIP + 4		F Group	Exemption	
Ħ		n pending	San Diego, CA 92104		Numbe	er 🕨	
_		ing Method:		Н (	Check ►	If the organiza	tion is <b>not</b>
	Websit	•	1			attach Schedule	
JI	ax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or	527 (	Form 990,	990-EZ, or 990-F	PF).
_	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 52	7 organizatio	n <b>and</b> its q	ross receipts are	normally
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p				
			ses to file a return, be sure to file a complete return.				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf total assets	(Part II,		
11	ne 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ .			<b>\$</b>	144,825
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruction	ons for Part I)	<del></del>
			the organization used Schedule O to respond to any question in				П
	1					1	57,952
	2		ervice revenue including government fees and contracts		<b>⊢</b>	2	
	3	-	ip dues and assessments			3	
	4	Investment	•		🗔	4	
	5a		ount from sale of assets other than inventory 5a		1/2	#	
	Ь		or other basis and sales expenses		Ŷ.		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)	. 5	ic	
	6	•	d fundraising events	,		-	
	a	_	ome from gaming (attach Schedule G if greater than		[,]		
ত		\$15,000) .			3 A	<b>}</b> :	
Revenue	Ь	•	<u></u>	contributions		21	
ě	"		aising events reported on line 1) (attach Schedule G if the				
Œ			ch gross income and contributions exceeds \$15,000)   6b		86,873		
	C		et expenses from gaming and fundraising events		×	<i>≨</i> *^	
	ď		e or (loss) from gaming and fundraising events (add lines 6a and		, , , , ,		
	"	line 6c)				id	44,853
	7a	,	s of inventory, less returns and allowances				,
	b		of goods sold			: <b>4</b>	
			it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7	c	
	8 8		nue (describe in Schedule O)		-	В	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• • •	· · —	9	102,805
_	10					0	45,595
	11		d similar amounts paid (list in Schedule O)	IVED	$\Box$	11	<del></del>
Ø		Salaries o	ther compensation, and employee benefits			12	
Expenses	13	Profession	al fees and other payments to independent contractors NOV .1 2	.2040 18	חי ת	13	255
ě	14		y, rent, utilities, and maintenance	2013	δ 🗖	14	_
X	15	-	ublications, postage, and shipping	و ا	<u> </u>	15	
	16		enses (describe in Schedule O)	UT	I	16	1,892
	17	•	enses. Add lines 10 through 16		— —	17	47,742
_	18		(deficit) for the year (Subtract line 17 from line 9)	<del></del>		18	55,063
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A))	must agree	<u> </u>	5.1	,
SS	.		ar figure reported on prior year's return)			19	67,066
ž.	20	-	nges in net assets or fund balances (explain in Schedule O)			20	,
ž	21		or fund balances at end of year Combine lines 18 through 20		_	21	122,129
Fo				lo 10642I			<b>EZ</b> (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Par	`	•		5		_
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	• •	(B) End of year
22	Cook on time and investments		-	67,066		
22 23	Cash, savings, and investments			67,000	23	122,129
23 24	Land and buildings				24	
25	Total assets			67,066		122,129
26	Total liabilities (describe in Schedule O)			07,000	26	122,123
27	Net assets or fund balances (line 27 of column	(B) <b>must</b> agree with	n line 21)	67,066		122,129
Pari						
	Check if the organization used Schedule	•		•	(Da.	Expenses
What	is the organization's primary exempt purpose?	See Schedule O	. <u>,, danamenta</u>			uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accompli		f ite three largest r	rogram convices	orga	nizations and section
as m	easured by expenses. In a clear and concise months benefited, and other relevant information for each	nanner, describe the				(a)(1) trusts, optional thers )
28	Spanish Instructors: Provide weekly instruction for		igh 5th Grade stude	nts at McKinley.		
	Approximate number of students benefiting from th	is grant was 455.				
	(Grants \$ 15,608) If this amount			<u> ▶ □</u>	28a	
29	Music/Dance/Drama Teachers: Provide weekly instru					
	3rd Grade students at McKinley. Approximate numb	er of students benefit	ting from this grant v	was 300.		
						_
	(Grants \$ 10,440) If this amount			· · · • 🕨 📙	29a	0
30	Ceramics Classes: Provide 6 to 8 week sessions pe	· • • • • • • • • • • • • • • • • • • •				
	are themed around the time of year and fired in the	SCHOOL'S OWN KIIN. AP	proximately 455 stu	dents receive		
	this art instruction.	ingludes foreign are	unto chook horo		20-	١ ,
24	(Grants \$ 10,800) If this amount		ints, check here .	<u></u>	30a	0
31	Other program services (describe in Schedule O) (Grants \$ 8,747) If this amount		nts chack here		31a	0
32	Total program service expenses (add lines 28a		ins, check here		32	45,595
Pari				nensated (see the in-		<u> </u>
	Check if the organization used Schedule			•		
	Ottook ii kilo olganizakon dood oonodalis	(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and trile	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
Shar	Schlossberger, President	2 hours			-	
			(	)	0	0
Staci	Keller, Vice President	1 hour				
					0	0
Aine	Lutes, Secretary	. 1 hour		]	J	
				)	0	0
Barb	ara Bovee, Treasurer	2 hour				•
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rait				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	163	\ <u>\</u>
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		<i>y</i>
35a	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)?			,
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	35a 35b		<b>✓</b>
c	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		40	
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	<u> </u>		
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	F **	,	
a	Initiation fees and capital contributions included on line 9		¥	
b 400	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	ľ	.~	' • 🧗 🕺
40a	section 4911 ► ; section 4912 ► ; section 4955 ►		*	
_	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		.,	1
b	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	"	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		χ,	100
	organization managers or disqualified persons during the year under sections 4912,	1		\$\footnote{\pi}\$
	4955, and 4958		3	4
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		`,	*
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	<u>}</u>	1
41	List the states with which a copy of this return is filed ▶ California		L	
42a	The organization's books are in care of ▶ Barbara Bovee Telephone no. ▶	619-28	2-769	4
	Located at ► 3045 Felton Street, San Diego, CA ZIP + 4 ►	921	04	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country:	( / /		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	80		,
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S ?	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		I	▶ □
	TO		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>√</b>
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>-</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		*	
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
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-F7 (see instructions)	456		

		age 4
	- ا د د ا	<del></del>
	Yes	No
~		
46		_✓
es fo	or line	es
	Yes	No
47		1
48		<b>V</b>
19a		_ ✓
19b		<u> </u>
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						'es No
	Did the organization engage, directly or in				sition	
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I	<u></u>	. 46	
Part V	Section 501(c)(3) organizations	sonly				
	All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and complete t	he tables for	lines
	50 and 51	·		•		
	Check if the organization used Sc	hedule O to respond	l to any question in th	his Part VI		П
	Officer in the organization does to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	de any queen man			es No
47	Did the organization engage in lobbying	activities or have a	section 501/h) electio	n in effect during the		
	year? If "Yes," complete Schedule C, Par		section sorting electio	in an enect during an		/
	•				47	<del>-   *</del>
	Is the organization a school as described i				. 48	<b>-</b>
	Did the organization make any transfers t			ation?	. 49a	_   _ <
b	If "Yes," was the related organization a se	ection 527 organization	n?		. 49b	
	Complete this table for the organization's					
	employees) who each received more than	n \$100,000 of comper	nsation from the organ	nization. If there is no	ne, enter "Nor	ne "
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title of each employee	hours per week	compensation	contributions to employed	1 ' '	
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferre compensation	d other compe	nsation
					-	
None						
	<u> </u>		<u> </u>		<b>_</b>	
					1	
		-		-	1	
					+	
		1			1	
			1	<u> </u>		
	Total number of other employees paid ov		. •	<del></del>		
51	Complete this table for the organization	's five highest compe	ensated independent	contractors who ead	ch received m	ore than
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None."	<del></del> _		<del></del>
(2) (	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice	(c) Compensation	
(4)	varie and address of each independent contractor pe	and more than progress	(2) 1)		,	
None						
		<del></del> _				
			-			
			1			
		<del></del>				
_			]			
			1			
d	Total number of other independent contri	actors each receiving	over \$100,000	<b>&gt;</b>	<del>_</del>	
	Did the organization complete Schedule			and 4947(a)(1)		
52	nonexempt charitable trusts must attach			and 1017 (a)(1)	▶ 🗸 Yes	□No
						=
Under pe	enalties of perjury, I deplare that I have examined this rect, and complete Declaration of preparer (other tha	return, including accompan	iying schedules and stateme ormation of which preparer h	ents, and to the best of my has anv knowledge	knowledge and b	ener, it is
	ect, and complete Decaration of preparer (circle in	0 7	- /	1 1 1 1 1	$\frac{1}{2}$	
٠.	A MUL		γ		415	
Sign	Signature of officer		1	Date Date		
Here	Shari Schlossberg, Foundation P	resident '	·			_
	Type or print name and title					
D=: 1	Print/Type preparer's name	Preparer's signature	Da	te Check [	PTIN	
Paid				self-emp	oloyed	
Prepa			Firm's EIN ▶	<del> </del>		
Use (		<del></del>				
Maryth	Firm's address ► te IRS discuss this return with the prepare	r shown above? See	instructions	Phone no	► □ Yes	□No
ıvıay ın	e ino discuss tilis return with the prepare	, JIIOWII ADOVE: GEE		<u> </u>		الا ب

Form 990-EZ (2012)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 20**12** 

Open to Public Inspection

Employer identification number Name of the organization 03-0564240 McKinley School Foundation of San Diego Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **b** Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e 🔲 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 II, or Type III supporting 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) and Yes No (iii) below, the governing body of the supported organization? . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(u) (iii) A 35% controlled entity of a person described in (ı) or (ii) above? . 11g(ni) Provide the following information about the supported organization(s) (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (vi) Is the in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col. (i) of your governing document? (i) organized in the above or IBC section support? 1152 (see instructions)) Yes No (A) (B) (C) (D) (E)

**Total** 

Schedule A (Form 990 or 990-EZ) 2012 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	11,777	28,578	21,249	34,021	57,952	153,577
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						
4	Total. Add lines 1 through 3	11,777	28,578	21,249	34,021	57,952	153,577
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)	<u> </u>	-: 2	7.0	***S, ** 3, * 2	* 1	82,962
6	Public support. Subtract line 5 from line 4.	*	. *	* ** ** ** ** ** ** ** ** ** ** ** ** *	** * * * * * * * * * * * * * * * * * *		70,615
	on B. Total Support	(a) 0000	(1-) 0000	(-) 0010	(4) 0044	(-) 0040	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	11,777	28,578	21,249	34,021	57,952	153,577
8	Gross income from interest, 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	<b>Total support.</b> Add lines 7 through 10			4 4.4	, ,,	4 : 4-4	153,577
12	Gross receipts from related activities, etc	•				12	264,635
13	First five years. If the Form 990 is for the	-			<del>-</del>		
	organization, check this box and stop he				<u> </u>		· · • <u> </u>
	on C. Computation of Public Suppo			4 1 (0)			
14	Public support percentage for 2012 (line			1, column (t))		14	46 %
15	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi					15	51 %
108	box and stop here. The organization qua						<b>.</b> –
	33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organ	•	• • •	•			
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 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 supported organization	tion meets the reets the	e "facts-and-ci s-and-circums 	rcumstances" tances" test. T	test, check the organizatio	is box and <b>st</b> on qualifies as a	op here. a publicly .
18	Private foundation. If the organization d						
_	instructions		<u> </u>	· · · ·	<u> </u>		. ▶ ∐

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.)

	If the organization rails to quality	under the te	Sta listed bei	ow, picase oc	mpicte rait	11.,	
	on A. Public Support		r	T		1	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		]				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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		1				
	organization without charge		ļ			<del>                                     </del>	
6	Total. Add lines 1 through 5					<del> </del>	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			<u> </u>		1	
b	Amounts included on lines 2 and 3			•			
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1				
	•		ļ <u>.</u>	ļ. <u></u>	-		
	Add lines 7a and 7b	2° / 1 3	3, ""	WAY 1 3 3	* * * *		
8	line 6.)						
Cooti	on B. Total Support	, 48	4.44.48° 2.		1	[ , <u>, x, /u>	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
Galen 9	Amounts from line 6	(4) 2000	(2) 2009	(6) 2010	(4) 2011	(0) 2012	(i) i Otai
10a	Gross income from interest, dividends,						
IVa	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				l		
С	Add lines 10a and 10b	· · · - · ·					
11	Net income from unrelated business						
	activities not included in line 10b, whether				i		
	or not the business is regularly carried on		]				
12	Other income. Do not include gain or						
_	loss from the sale of capital assets				1		
	(Explain in Part IV.)			<u> </u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for the	ne organization	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	-		<u> </u>			. ▶ [
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2012 (line			13, column (f))		15	9
16	Public support percentage from 2011 Sc	hedule A, Part	III, line 15			. 16	Ç
Secti	on D. Computation of Investment In	come Perce	entage				· ·
17	Investment income percentage for 2012	(line 10c, colur	mn (f) divided b				9
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17	' .   .   .   .   .		. 18	Ç
19a	331/3% support tests-2012. If the organ	nization did not	t check the bo	x on line 14, a	nd line 15 is r	more than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	oorted organizati	on . 🕨
b	331/3% support tests-2011. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	4, 19a, or 19b,	check this box	and see instru	ctions 🕨 [

Page	4

Part IV	<b>Supplemental Information.</b> 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).
	<del></del>
	<del></del>

#### **SCHEDULE G** (Form 990 or 990-EZ)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

McKii	nley School Foundation of San Dieg	·			<u></u>		0564240
Par	Fundraising Activities. Form 990-EZ filers are r	•	_		vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
· a	Mail solicitations	)			on of non-govern		
_	Internet and email solicitation	ne	f [		on of government	-	
b		1115			fundraising events		
C	☐ Phone solicitations		g L	_ Special i	unuraising events	•	
d	☐ In-person solicitations				d al (im alvediment aff		
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	d individuals or	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2			-				
3							
4							
5				<del> </del>		<del></del>	
6							
7							
				-			
8							
9							
10					!		
Γotal				•			
3	List all states in which the organization or licensing.	anızatıon is regi	stered or lic	censed to s	olicit contribution	s or has been notifi	ed it is exempt from
<b></b>					•		·
			••••				
	·			·			
			••••••				
				·			
			·				
				· • • • • • • • • • • • • • • • • • • •			

Cat No 50083H

		gross receipts greater tha	11 \$5,000.			
			(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	44,576	27,605	21,281	93,462
ď	2	Less: Contributions .	28,920	1,000	5,350	35,270
	3	Gross income (line 1 minus line 2)	15,656	26,605	15,931	58,192
	4	Cash prizes				
	5	Noncash prizes	1,000	1,000	5,350	7,350
sesu	6	Rent/facility costs			1,300	1.300
Direct Expenses	7	Food and beverages			1,201	1,201
Direc	8	Entertainment				<u> </u>
	9	Other direct expenses .	11,894	2,563	3,394	17,851
	10 11	Direct expense summary Ad Net income summary. Comb	ine line 3, column (d), ai	nd line 10		( 27,702 ) 30,490
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" to Form 990,	, Part IV, line 19, or r	eported more
Revenue		than φ13,000 on 1 onn 3	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Bè	1					
	<del></del>	Gross revenue				
ses	2	Gross revenue				
Expenses						
Direct Expenses	2	Cash prizes				
Direct Expenses	2	Cash prizes				
	2 3 4	Cash prizes	☐ Yes%	☐ Yes % ☐ No	□ Yes% □ No	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	□ No	□ No	느 '~~	(
	2 3 4 5	Cash prizes	No	No Dlumn (d)	□ No	(
	2 3 4 5 6 7 8	Cash prizes	No  Id lines 2 through 5 in court  y. Combine line 1, column  ganization operates gar  perate gaming activities	No  Dlumn (d)	□ No	🗌 Yes 🗌 No

Schedu	ile G (Form 990 or 990-EZ) 2012	Page S
11 12	Does the organization operate gaming activities with nonmembers?	☐ Yes ☐ No
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?	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address •	
16	Gaming manager information	
	Name Name 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?	☐ Yes ☐ No
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, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).	line 2b, mplete this
<b></b> -		
. <b>-</b>		

## **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Inspection

OMB No 1545-0047 Open to Public

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

McKinley School Foundation of San Diego

Employer identification number 03-0564240

FORM 990-EZ: Part I, Line 10 - Grants and similar amounts paid:
Spanish Instruction: \$ 15,608
Ceramics Classes: \$ 10,800
Music/Dance/Drama Teacher: \$ 10,440
Buses: \$ 4,140
Assemblies: \$1,195
Teacher Appreciation: \$1,134
Computer Lab Supervisor: \$ 528
5th Grade Camping Trip: \$ 250
Logan Elementary: \$ 1,500
TOTAL: \$ 45,595
FORM 990-EZ: Part I, Line 16 - Other Expenses:
Insurance: \$ 1,028
Food: \$611
Miscellaneous: \$ 253
TOTAL: \$ 1,892
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 Elementary 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 \$ 4,140.
Assemblies: Provide an educational experience that aligns with curriculum at an assembly. Approximately 455 students receive this

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
lame of the organization	Employer identification number
benefit. The grant of \$1,195 was provided for the assemblies for this school year.	
Teacher Appreciation: Provide annual gift cards to all teachers to purchase art and other classroom	supplies for their classes.
Approximately 455 students benefited from this program. Grant was for \$ 1,134.	
Computer Lab Supervision: Pay for a supervisor during lunch so students needing extra help with co	ore subjects can get additional study
time in the computer lab. Approximately 100 students benefited from this program. Grant was for \$ 52	28.
5th Grade Camping Trip: Donation toward cost of buses and stay for 3 day camping trip for 5th grad	ers. Approximately 50 students
benefited from this grant. Grant was for \$ 250.	
Logan Elementary: Stipulation of a \$ 3,000 grant from Vanguard Charitable Endowment was that it wa	as to be split between McKinley
Elementary and Logan Elementary (another neighborhood school). So, when McKinley received the	full grant amount of \$3,000, we paid
half (\$ 1,500) to Logan Elementary as required by the grant. The grant covered transportation for Log	an Elementary students for several
field trips. Approximately 150 students benefited from this grant. Grant was for \$ 1,500.	
	·