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DLN: 93493319057153

Department of the Treasury

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 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable MARIN ACADEMY Address change 94-1186189 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1600 MISSION AVENUE Terminated (415) 453-4550 City or town, state or country, and ZIP + 4 SAN RAFAEL, CA 94901 _____Amended return Application pending G Gross receipts \$ 19,890,812 Name and address of principal officer Is this a group return for TRAVIS BROWNLEY ┌ Yes 🗸 No affiliates? 1600 MISSION AVENUE SAN RAFAEL, CA 94901 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ Website: ► WWW MA ORG L Year of formation 1971 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities INDEPENDENT, CO-EDUCATIONAL, COLLEGE PREPARATORY HIGH SCHOOL LOCATED IN SAN RAFAEL, CALIFORNIA Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 153 6 350 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 2,897,302 4,252,370 14,757,857 15,046,615 Program service revenue (Part VIII, line 2g) . . 480,589 504,497 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 137,819 -60,209 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 18,273,567 19,743,273 13 2,524,596 2,454,724 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 10,601,822 **Expenses** 9,667,741 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,104,003}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 4,638,338 4,930,042 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 16,830,675 17,986,588 18 19 Revenue less expenses Subtract line 18 from line 12 1,442,892 1,756,685 t Assets or id Balances **Beginning of Current End of Year** Year 59,929,299 20 Total assets (Part X, line 16) . 57,035,003 16,704,418 21 Total liabilities (Part X, line 26) . . 16,419,329 22 Net assets or fund balances Subtract line 21 from line 20 40,615,674 43,224,881 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-11-14

Signature of office Sign Here MICHAEL JOYCE CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name LYNN HENLEY Preparer's signature Check P00356034 self-employed Paid Firm's name F ARMANINO LLP Firm's EIN F 94-6214841 Preparer Firm's address ► 12667 ALCOSTA BOULEVARD SUITE 500 Phone no (925) 790-2600 Use Only SAN RAMON, CA 945834427 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ☐ No

Form	990 (2012)				Page 2
Par	t III		gram Service Accomplontains a response to any qu			٦
1	Brief	ly describe the organizat	tion's mission			
ENC EDU PREF COM EXPE CON TEA "CRE	OURAC CATIO PARAT MITM ERIENC STITU CHERS	GEMENT AND COMPAS ON IN A DEMOCRATIC ORY HIGH SCHOOL, LO ENT TO PROVIDING A CES - AMONG THEM A TE A MARIN ACADEM THE MARIN ACADEM THE MARIN ACADEM THE MARIN ACADEM	SSION, AND CHALLENGES I SOCIETY SCHOOL PROFIL OCATED IN SAN RAFAEL, O N OUTSTANDING ACADEM THLETICS, OUTDOOR EDU Y EDUCATION THE MA COI HER AS INDIVIDUALS AS T	EACH PERSON TO ACCE EMARIN ACADEMY IS A CALIFORNIA IT IS A SCH IC CURRICULUM ALONG CATION, AND SERVICE MMUNITY IS BASED ON THEY ENCOURAGE EACH RECTED, LIFELONG LEAF	ESTION, AND CREATE IN AN PT THE RESPONSIBILITIES IN INDEPENDENT, COEDUCA NOT THE RESPONSIBILITIES IN AN INDEPENDENT, COEDUCA SIDE A VARIETY OF CHALLING - WHEN, TAKEN ARESPECT AND TRUST, WHER IN OTHER TO "THINK," "QUES RNER WHO APPROACHES THE RPOSE	POSED BY TIONAL, COLLEGE ANCE ITS ENGING S A WHOLE, E STUDENTS AND TION" AND
2	the pi	ne organization undertak rior Form 990 or 990-E2 s," describe these new s		vices during the year which	ch were not listed on	┌ Yes ┌ No
3	Did th		nducting, or make significant	changes in how it conduc	ts, any program	┌ Yes ┌ No
4	Desc exper	ribe the organization's passes Section 501(c)(3)	- rogram service accomplishm	are required to report the	argest program services, as mo amount of grants and allocatio	•
4a	THE S IS WE IN EV ONE TAKE PHOT OUTE INTER	N ACADEMY IS A CO-EDUCAT SCHOOL'S CURRICULUM IS RI ELL DEVELOPED AND BROAD II /ERY DEPARTMENT RECOGNI OF FEW SCHOOLS IN THE COI ADVANTAGE OF OPPORTUNIT OGRAPHY, VIDEOGRAPHY, AN NOOR EDUCATION PROGRAM, RSCHOLASTIC ATHLETIC PROG	IGOROUS COLLEGE PREPARATORY WINDERS SCOPE, OFFERING 110 COURSES ZING THAT PARTICIPATION IN THE UNTRY WITH A TWO-YEAR ARTS REFIES IN MUSIC, DANCE, AND THEAT ID MULTIMEDIA THE AVERAGE CLAS A SERVICE LEARNING PROGRAM, A GRAM THE SCHOOL ALSO SUPPORT	VITH HIGHLY DEVELOPED REQUING INCLUDING MORE THAN 60 ELE ARTS HAS A DIRECT, POSITIVE EQUIREMENT FOR ALL STUDENTS OF AND EXPLORE MEDIA SUCH SIZE IS 15 MARIN ACADEMYS REQUIRED WEEK OF EXPERIMES THE NEED FOR ONGOING GRO	2,454,724) (Revenue \$ SCHOOL ENROLLS APPROXIMATELY 40: IREMENTS IN ALL ACADEMIC AREAS TECTIVES ACROSS ALL DISCIPLINES WITH MACT ON STUDENTS' ACADEMIC WORK WITH 32 FULL-TIME COURSES IN THE AST FILMMAKING AND ANIMATION, DIG SCO-CURRICULAR PROGRAMS INCLUENTIAL EDUCATION EACH SPRING, AND WITH AND CHALLENGES FOR ITS STUDNAL STUDIES, AND STUDY ABROAD	THE ACADEMIC PROGRAM ITH HONORS OFFERINGS DRK, MARIN ACADEMY IS HE ARTS, STUDENTS GITTAL MUSIC, IDE AN AMBITIOUS D A HIGHLY-DEVELOPED
41-	(Cod.) /E	who have t	unalisating amorto of th) (Dougnus d	,
4b	(Cod	e) (c.	xpenses \$	including grants of \$) (Revenue \$)
4 c	(Code	e) (E	xpenses \$	including grants of \$) (Revenue \$)
4d		er program services (De				
	(Exp	enses \$	ıncludıng grants of	\$)	(Revenue \$)

Part IV Checklist of Required Schedule
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			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 instructions)? *	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 for which 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^{\bullet}	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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? 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, line 10? 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	Yes	
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		No
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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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, line 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 through 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		No
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? If "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

αı	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 90		. 03	.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		
а	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
_				N.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
•	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)?	4 a		No
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_	Does the organization have applied gross received that are married to receive the restaurable of 4100,000 and did to	5c		N.I
đ	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	ì
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
	,		1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			IN
	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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	1	
	Sponsoring organizations maintaining donor advised funds.	 		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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.

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O \dots . \dots .	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	auani	in Cad	a 1
	Const. D. F. Charles (This Section & requests information about policies not required by the Internal N	event	ie cou	e.)
	conon bi i oncres (mis section b requests information about policies not required by the internal K	event	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MICHAEL JOYCE CFO 1600 MISSION AVENUE SAN RAFAEL, CA (415)482-3213

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 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, or 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	(C) Position (do not check more than one box, unle person is both an office and a director/trustee			unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

(A) Name and Title A verage hours per week (list any hours for related (B) A verage hours per week (list any hours for related													
organizations below dotted line) Institutional Trustee Officel Institutional Trustee												rganizati relate organiza	ed l
									+				
											+		
1b Sub-Total													
c Total from continuation sheet d Total (add lines 1b and 1c)	s to Part VII, S	ection A	١.	•	•	-			1,394,670		0		186,998
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►31											<u> </u>		
												Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
	 												
Section B. Independent Co	ntractors												
1 Complete this table for your fiv	/e highest comp											L	
compensation from the organiz	(A) lame and business		ation	iori	ne c	arenda	ır ye	ar ending		thin the organizat (B) cription of services	ions	tax year (C Comper)

(A)	(C)						
(A) Name and business address (B) Description of services							
MICHAEL'S TRANSPORTATION 2029 BENNINGTON DRIVE VALLEJO CA 94591 TRANSPORTATION SERVICES							
PEAK BUILDING SERVICES 142 CAPTAIN NURSE CIRCLE NOVATO CA 94949 CLEANING SERVICES							
PICUREAN GROUP 111 MAIN STREET SUITE 3 LOS ALTOS CA 94022 CATERING SERVICES							
3. Total number of independent contractors (including but not limited to the	se listed above) who received more than						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part VI	* * *	Statement of Revenue Check if Schedule O contains a respon	se to any question :	n thic Dart VIII			
		Check is deficulted to contains a respon	Se to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
	1a	Federated campaigns 1a					
# #	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c	133,572				
ş <u>∓</u> l	d	Related organizations 1d					
5 ≅	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and 1f	4,118,798	ļ			
her H	•	similar amounts not included above		ļ			
ੂੰ ਨੂੰ ∣	g	Noncash contributions included in lines 1a-1f \$	166,304				
9 mg	h	Total. Add lines 1a-1f		4,252,370			
			Business Code				
Program Serwoe Revenue	2a	TUITION	611600	14,630,440	14,630,440		
æ Æ	b	STUDENT PROGRAM SERVICE	611710	158,132	158,132		
မို့	c	MINI-COURSE FEES	611710	134,538	134,538		
Ze.	d	TRANSPORTATION	611710	70,152	70,152		
Ē	е	TESTING & DEPOSITS RET	611710	53,353	53,353		
<u> </u>	f	All other program service revenue					
<u>ራ</u>	g	Total. Add lines 2a-2f		15,046,615			
	3	Investment income (including dividence and other similar amounts)		504,497			504,497
	4	Income from investment of tax-exempt bond p	H=				
	5	Royalties	🕨				
		(ı) Real	(II) Personal				
	_	Gross rents 70,556 Less rental 0					
	b	expenses					
	С	Rental income 70,556 or (loss)					
	d	Net rental income or (loss)		70,556			70,556
	7a	Gross amount from sales of assets other	(II) O ther				
	b	than inventory Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Kevenue	8a	Gross income from fundraising events (not including \$ 133,572 of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a	480				
퉁	D C	Less direct expenses b Net income or (loss) from fundraising e	127,103	-126,623			-126,623
		Gross income from gaming activities See Part IV, line 19		,			, , ,
	L	a l					
	b c	Less direct expenses b Net income or (loss) from gaming active	/ities ⊾				
		Gross sales of inventory, less					
		returns and allowances .	16,294				
	h	Less cost of goods sold b	,				
		Net income or (loss) from sales of inve	20,436 entory	-4,142			-4,142
		Miscellaneous Revenue	Business Code				
ľ	11a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	· · · •				
	12	Total revenue. See Instructions		19,743,273	15,046,615	0	444,288

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 2,454,724 2,454,724 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 682,108 682,108 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7,922,689 6,230,087 866,949 825,653 Pension plan accruals and contributions (include section 401(k) 468,698 282,769 150,315 and 403(b) employer contributions) 35,614 951,809 257,728 Other employee benefits 636,436 57,645 10 576,518 374,639 163,506 38,373 11 Fees for services (non-employees) 7,663 7,663 Management 174,525 174,525 Legal 46,544 46,544 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 4,149 3,598 485 Schedule O) 66 Advertising and promotion . . 89,884 17,181 17,328 12 55,375 13 Office expenses 169,061 102,235 62,119 4,707 282,443 282,443 14 Information technology . . . 15 Royalties . 16 Occupancy **17** 13,030 13,030 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 193,551 108,680 84,140 731 20 340,963 295,645 39,859 5,459 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,170,414 1,014,854 136,822 18,738 23 171,194 145,932 22,568 2,694 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FACILITIES 708,528 614,357 82,827 11,344 EDUCATIONAL 335,390 305,197 30,193 MISCELLANEOUS 331,276 48,367 235,755 47,154 d TRANSPORTATION 318,626 318,626 All other expenses 572,801 569,065 3,286 450 Total functional expenses. Add lines 1 through 24e 25 17,986,588 13,804,835 3,077,750 1,104,003 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Can	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in thi	s Part	x			
2 Savings and temporary cash investments			, ,			(A)		(B)
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing			7,512,108	1	8,260,932
4 A counts receivable, net		2	Savings and temporary cash investments			3,186,848	2	3,183,591
Solution and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Solution		3	Pledges and grants receivable, net			1,118,338	3	2,650,005
## Employees, and highest compensated employees Complete Part II of		4	Accounts receivable, net		•	2,537,329	4	2,570,172
1		5	employees, and highest compensated employees Complete P	art II o	of		5	
Prepared expenses and deferred charges 335,788 9 352,202	ts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e	contrıl mploy	buting employers			
9 Prepaid expenses and deferred charges 335,786 9 352,202	Š	,	Notes and leans reservable not					
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 10b Less accumulated depreciation 11c Investments—publicly traded securities 11c Investments—publicly traded securities 11c Investments—publicly traded securities 11d Investments—program-related See Part IV, line 11 11d Intengible assets 11d Intengibl	4					15.027		14 821
10a		_					ĽТ	
11 Investments—publicity traded securities 11 11 11 11 12 Investments—publicity traded securities 11 11 12 Investments—publicity traded securities 11 12 Investments—program-related See Part IV, line 11 10,898,520 12 12,050,934 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 15 253,020 15 224,907 16 Total assets. Add lines 1 through 15 (must equal line 34) 57,035,003 16 59,929,299 18 19 Deferred revenue 8,714,475 19 9,036,676 19 19 19 19 19 19 19 1		_	Land, buildings, and equipment cost or other basis Complete			,		332,232
11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 10,698,520 12 12,050,934 13 Investments—other securities See Part IV, line 11 10,698,520 12 12,050,934 13 Intangible assets 14 15 Other assets See Part IV, line 11 253,020 15 224,907 16 Total assets. Add lines 1 through 15 (must equal line 34) 57,035,003 16 59,929,299 18 Grants payable and accrued expenses 10,64,654 17 1,309,742 18 Grants payable 18 Secretary 18 Secretary 19 Secretary 18 Secretary 19 Secret		Ь	Less accumulated depreciation	10b	11,943,614	31,378,025	10c	30,621,735
12		11	•			11	<u> </u>	
13				10,698,520	12	12,050,934		
14		13			13	· · ·		
15					14			
16		15		253,020	15	224,907		
17				57,035,003		59,929,299		
18 Grants payable 18 18 19 Deferred revenue 18 19 Deferred revenue 19 Deferred r						, ,		
Page 19 Deferred revenue							18	
20 Tax-exempt bond liabilities						8,714,475	19	9,036,676
21 Escrow or custodial account liability Complete Part IV of Schedule D						6,640,000		6,308,000
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			·			, ,		<u> </u>
24 Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, direct	ors, tr				
24 Unsecured notes and loans payable to unrelated third parties							22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24.) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third partie	s.			23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Pa	rt X of			25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26			• •	16.419.329		16.704.418
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			13,113,023		15,75,775
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	anc	27	<u>-</u> ,	27,485,720	27	27,222,790		
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		28				3,201,159	28	5,446,499
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds		29				9,928,795	29	10,555,592
30 Capital stock or trust principal, or current funds				ere ►	┌ and			
31 Paid-in or capital surplus, or land, building or equipment fund	0	30	-				30	
33 Total net assets or fund balances	φ							
33 Total net assets or fund balances	A S:						32	
34 Total liabilities and net assets/fund balances 57 035 003 34 59 929 299						40,615,674		43,224,881
	Ź	34				57,035,003	34	59,929,299

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,7	743,273
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,9	986,588
3	Revenue less expenses Subtract line 2 from line 1	3			756,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			515,674
5	Net unrealized gains (losses) on investments	5			352,522
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		43,2	224,881
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
За	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?	<u>:</u>	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

Software ID: Software Version:

EIN: 94-1186189 **Name:** MARIN ACADEMY

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	s,Trı	uste	ees,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	dıre	than	not one on i er an trus	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
TRAVIS BROWNLEY HEAD OF SCHOOL	40 00	х		х				260,828	0	27,036
KATHY DELL VICE CHAIR	2 00	х		х				0	0	0
M KRISTIN KLEIN VICE CHAIR - FINANCE	2 00	х		х				0	0	0
STEPHEN BALDWIN FACULTY TRUSTEE	40 00	х						89,756	0	15,556
PATRICK BENNETT TRUSTEE	2 00	х						0	0	0
MITCH COHEN TRUSTEE	2 00	х						0	0	0
JEFFERSON COOMBS TRUSTEE	2 00	х						0	0	0
ROSEMARY MORGAN TRUSTEE	2 00	х						0	0	0
EMILIE MUNGER OGDEN TRUSTEE	2 00	х						0	0	0
MICHAEL PARISH TRUSTEE	2 00	х						0	0	0
PAUL SIMPSON TRUSTEE	2 00	х						0	0	0
BRANDON NICHOLSON TRUSTEE	2 00	х						0	0	0
REBECCA NELSON SYLLA TRUSTEE	2 00	х						0	0	0
ERIC WARNER VICE CHAIR	2 00	х		х				0	0	0
BARBARA WAXMAN TRUSTEE	2 00	х						0	0	0
ADAM WILLNER TRUSTEE	2 00	х						0	0	0
CREGG BAUMBAUGH TRUSTEE	2 00	х						0	0	0
LAURA COX TRUSTEE	2 00	х						0	0	0
DICK DREW TRUSTEE	2 00	х						0	0	0
JOAN DEA TRUSTEE	2 00	х						0	0	0
SUE DIAMOND TRUSTEE	2 00	х						0	0	0
LIZ KIND TRUSTEE	2 00	х						0	0	0
STEPHANIE MELLIN TRUSTEE	2 00	х						0	0	0
BETSY MUIR FACULTY TRUSTEE	40 00	х						87,759	0	16,218
PAIGE THOMAS TRUSTEE	2 00	х						0	0	0

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

40 00

MICKY MORRIS

DIRECTOR OF FACILITIES, OP

(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MICHAEL JOYCE CHIEF FINANCIAL OFFICER	40 00			х				194,663	0	27,391
LYNNE HANSEN DEAN OF STUDENTS	40 00					х		140,053	0	20,222
DAN BABIOR DIR OF ADMISSIONS AND FIN	40 00					х		133,408	0	17,791
MEG WILSON DIR OF INSTITUTIONAL ADVAN	40 00					х		216,419	0	24,690
JENNIFER BLAKE CO-DIRECTOR OF COLLEGE COU	40 00					х		136,551	0	20,012

135,233

0

18,082

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319057153

OMB No 1545-0047

Public Charity Status and Public Support

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE A

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Inspection

Name of the organization MARIN ACADEMY

Employer identification number

94-1186189

4	Γ			n organization operat ty, and state	ed ın conjur	nction with	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii)	. Enter t	he	
5	Г			erated for the benefit	of a college	e or univer	sity owned or	operated by	a governmen	tal unit de	scribed	in	
	·	_	•	A)(iv). (Complete P	_		·		_				
6	Г			local government or	•	ital unit des	scribed in sect	ion 170(b)	(1)(A)(v).				
7	Γ	An orga	nization tha	=	a substanti	al part of it				ental unit or from the general public			
8	Г	A comn	nunity trust	described in section	170(b)(1)((A)(vi) (C	omplete Part I	I)					
9	\sqcap	An orga	nization tha	at normally receives	(1) more th	han 331/3%	of its support	from contr	ibutions, mem	bership fe	es, and	gross	
		receipt	s from actıv	ities related to its ex	cempt functi	ıons—subje	ct to certain e	exceptions,	and (2) no mo	ore than 3	31/3% of		
		ıts supp	ort from gr	oss investment incoi	me and unre	lated busir	ness taxable ii	ncome (les:	s section 511	tax) from	busines	ses	
		acquire	d by the org	janization after June	30,1975	See sectior	509(a)(2). (0	Complete P	art III)				
10	\sqcap	An orga	anızatıon orç	ganized and operated	lexclusively	y to test fo	r public safety	See secti	on 509(a)(4).				
11 e f g	Г	one or in the box a	more publicithat description Type I Sking this because 1509 (a)(2) reganization his box august 17, 2 g persons? erson who distinction below, the amily memb	ganized and operated by supported organized besthe type of supp by Type II copy, I certify that the on managers and other ceceived a written decorated by the copy of the copy of the copy of a person describled entity of a person live and other copy of the co	ations descriptions description organization acce ontrols, eith bed in (i) ab	n 509(a)(2) S ugh 11h Type III - N tly by one or i ations describ pe II, or Type y of the	on-function on-function more disqued in section III supposed in the control of th	n 509(a) onally int ualified p tion 509 orting org	(3). Cheegrated ersons	r on,			
h		Provide	the following	ng information about	the support	ed organiza	ation(s)				<u>'</u>	•	
(i) Nam suppoi organiza		orted organization			(iv) Is organizat col (i) lis your gove docume	tion in sted in erning	(v) Did yo the organ in col (i) suppo	ızatıon of your	(vi) Is organizat col (i) org in the U	ion in janized	n	A mour nonetary support	y
				instructions))	Yes	No	Yes	No	Yes	No			
	_												
Tota													

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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							
4	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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 (Form 990 or 990-EZ) 2012

DLN: 93493319057153

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Name of the organization

Employer identification number

.11	IN ACADEMY		94-	1186189
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (durıng year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		onor adv	rsed Yes I
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
a 1	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990. Part IV. line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	a certifie	d historic structure
	easement on the last day of the tax year			
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	, ,	2c	
	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transfer	red, released, extinguished, or termina	ted by th	he organization during
	the tax year 🛌			
	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	f violations, and Yes N
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easo	ements (during the year
	A mount of expenses incurred in monitoring, inspecting \$\blue{\sigma}\$	g, and enforcing conservation easemer	nts durın	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of so	ection 1	70(h)(4)(B)(ı) Yes F
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financi		
ľ	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures	, or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	116 (ASC 958), not to report in its revets held for public exhibition, education	n, or rese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse	ets held for public exhibition, education		
	service, provide the following amounts relating to thes			
•				▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			▶ \$

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Ar	t, His	storic	<u>ai ir</u>	<u>easure</u> :	s, or O	<u>tne</u>	<u>r Similar As</u>	ssets (d	<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cł	heck ar	ny of t	the followi	ng that a	re a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or exchan	ge progr	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	ain hov	wthev	furthe	r the orga	ınızatıon	's ex	empt nurnose	ın	
•	Part XIII										
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	┌ Yes	□ No
Pai	t IV Escrow and Custodial Arrang		-						es" to Form 9		
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for co	ntrıbu	tions or o	ther ass	ets ı		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing ta	ble		_				
							L		Αı	nount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21?	•						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation	has l	oeen prov	ıded ın P	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye				+	Three years back	(e)Four	years back
1a	Beginning of year balance	12,046,050			77,681		9,783,326	+	8,289,929		9,869,147
b	Contributions	626,797		1,22	24,244		114,274		642,490		144,805
c	Net investment earnings, gains, and losses	1,352,536		ŗ	55,135		1,702,959	,	1,253,319		-1,513,106
d	Grants or scholarships	, ,									
e	Other expenditures for facilities										
	and programs	510,160		41	1,010		422,878	_	402,412		210,917
f	Administrative expenses							<u> </u>			
g	End of year balance	13,515,223		12,04	16,050	1	1,177,681		9,783,326		8,289,929
2	Provide the estimated percentage of the curr	rent year end balar	ice (lir	ne 1g, d	olum	n (a)) held	das				
а	Board designated or quasi-endowment ►	5 000 %									
b	Permanent endowment ► 78 000 %										
С	Temporarily restricted endowment ► 17 (000 %									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that ar	e held	d and adm	ınıstered	for	the		
	organization by									Yes	
	(i) unrelated organizations		•					•	3a 3a		No No
ь	(ii) related organizations							•	<u> </u>		1 110
4	Describe in Part XIII the intended uses of the							•	3		
	t VI Land, Buildings, and Equipme					LO.					
	Description of property		,	(a) (ost or (invest	other (b)	Cost or ot asıs (othe		(c) Accumulated depreciation	(d) B	look value
1a	Land						3,050	,425	<u> </u>		3,050,425
	Buildings						37,906		10,690,57	'5	27,216,029
	Leasehold improvements						,,,,,,,		,020,07	+	,,
	Equipment										
	• •	· ·	-				4.500	220	1,253,03	, 	255 201
C	Other					ı	1,608	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,733.01	991	355,281

	<u>e Form 990, Part X, line 12. </u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other		
(A) PUBLICLY TRADED SECURITIES	12,050,934	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	12,050,934	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	 	
Table (Calary (b) and a surf fact (000 Bart V as (40) bas 42.)	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X,		//> Paralament
(a) Descr	приоп	(b) Book value
		-
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
1 (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	.
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	: X, line 25.	

	ule D (Form 990) 2012	Audited Financia	I Chatamanta With Davie		Page 4
Part 1	Total revenue, gains, and other	evenue per Audited Financia er support per audited financial statem	nents	ie per R	18,288,610
2 a		it not on Form 990, Part VIII, line 12 ments	1 1	522	
b c		acılıtıes			
d	Other (Describe in Part XIII)		2d 147,5		1,000,061
е 3				. 2e	1,000,061
4 a		0, Part VIII, line 12, but not on line 1 uded on Form 990, Part VIII, line 7b	1 1		
b	Other (Describe in Part XIII)		. 4b 2,454,7		2.454.724
с 5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part	I, line 12)	5	2,454,724 19,743,273
Part 1		xpenses per Audited Financial raudited financial statements		ses per	Return 15,679,403
2 a		t not on Form 990, Part IX, line 25	2a		
b	Prior year adjustments		2b		
c d				539	
е 3	-			. 2e	147,539 15,531,864
4		0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b	اما		
a b	Other (Describe in Part XIII)		4b 2,454,7		
c 5					2,454,724 17,986,588
	Supplemental In	formation scriptions required for Part II, lines 3	. 5. and 9. Part III. lines 1a and 4	1 . Part IV .	lines 1b and 2b.
Part		, lines 2d and 4b, and Part XII, lines			
	Identifier	Return Reference	<u> </u>	nation	
	RIPTION OF INTENDED USE DOWMENT FUNDS	PART V, LINE 4	I ENDOWED FACULTY AWARI FOUNDATION FELLOWSHIP FROM FUND IS RESTRICTED F	RESTRIC	TIONS INCOME
			FOR FACULTY PROFESSIONA I E CONFERENCE AND WORK	LDEVELO	OPMENT EXPENSES,
			TO AND FROM PROFESSIONA ACTIVITIES, AND OTHER CO	STS ASS	OCIATED WITH
			PROFESSIONAL TRAINING F PROPOSAL OF TRAINING, TR OBJECTIVES TO THE SCHOO	AVELAN	D PROGRAM
			COMMITTEE PROPOSALS SH ACADEMIC OBJECTIVES EST	OULD BE	BASED UPON THE
			BY THE COMMITTEE ONE OR SELECTED EACH YEAR FOR T	HE AWAR	RD 2 HAAS
			FROM THE FUND IS RESTRICTACED ACADEMY TO BENEFIT THE F	ΓED FOR	USE BY MARIN
			DEVELOPMENT 3 EVELYN FL RESTRICTIONS INCOME FRO	ORY END	OOWMENT FUND
			POR USE BY MARIN ACADEMY DEVELOPMENT ACTIVITIES ACHIEVE ITS CULTURAL DIV	THAT HE	LP MARIN ACADEMY
			ENDOWMENT FOR FACULTY S FUND SUPPORTS COMPENSA	SUPPORT	INCOME FROM THE
			MCEVOY FACULTY SABBATION 2005, PROVIDES HALF-YEAR	SABBAT	ICAL FUNDING FOR
			FACULTY MEMBERS SERVING COMMUNITY FOR AT LEAST S SABBATICAL IS DESIGNED T	SEVEN YE	ARS THIS
			PERSONAL THERE ARE NO R	ESTRICT:	IONSOR
			RETURN FOR A FULL (FULL-TI AFTER TAKING THEIR SABBA	TICAL 6	THOREAU
			SABBATICAL MADE POSSIBI ACADEMY FAMILY, THE HENR REPRESENTS THE FIRST END	Y DAVID	THOREAU CHAIR
			THE SCHOOL THROUGH INT	ERDISCI	PLINARY
			MENTORING THE STUDENT C	OMMUNI N EDUCA	TY, THE THOREAU TION PROGRAM AT
			MA THAT RECOGNIZES CITIZ RESTS ON A DEEP ECOLOGIC ENDOWED STUDENT AWARDS	CALUNDE	ERSTANDING II
			ENDOWED STODENT AWARDS ENDOWMENT FUND ESTABLI STUDENT MATTHEW CLIFFOR	SHED IN	MEMORY OF FORMER
			IS RESTRICTED FOR USE BY I	HYEART	HAT MEETS THE
			FOLLOWING CRITERIA A) RE ESTABLISHED FINANCIAL NE WILLINGNESS TO SERVE THE	ED, B) DI	EMONSTRATED
			ENTHUSIASTICALLY AND A C	CARING A	ND SUPPORTIVE
			STUDENTS, C)TRIES TO EXCOR HER ACADEMIC OPPORTU	JNITIES,	D) AN ACTIVE
			PARTICIPANT IN THE EXTRA SCHOOL (ARTS, ATHLETICS,	OUTINGS	S, ETC), E) A PERSON
			OF OBVIOUS INTEGRITY AND SELECTION IS MADE BY A CO FACULTY AND ADMINISTRAT	MMITTE	E OF SCHOOL
			SUPPLEMENT STUDENT'S NE PLUMB ZUMBRUN (DPZ) ENDO	WMENT	FUND ESTABLISHED
			IN MEMORY OF FORMER STUI ZUMBRUN INCOME FROM TH USE BY MARIN ACADEMY TO	E FUND I	S RESTRICTED FOR
			TRAINING PROGRAM FOR OU THE OUTINGS PROGRAM FUI	TSTAND	ING STUDENTS IN
			STUDENTS TO HELP PAY FOR OR OUTDOOR LEADERSHIP T	A WILDE	RNESS EXPERIENCE NOT AVAILABLE
			THROUGH MARIN ACADEMY'S STUDENTS ARE SELECTED BY AND THE HEAD 3 HEADMAS	/ A COMM	1ITTEE OF FACULTY
			FUND ESTABLISHED TO HON HEADMASTER, WILLIAM MCC	OR MAR	IN ACADEMY'S FIRST
			DONATED TO SUPPORT STUD ACADEMY EACH YEAR, THE S	DENT ACT	TIVITIES AT MARIN RECOGNIZES A
			GRADUATING SENIOR WHO D	IARACTE	R THAT MARIN
			ACADEMY AIMS TO FOSTER OF SPECIAL FINANCIAL AID RESTRICTED FOR USE BY MA	INCOME	FROM THE FUND IS
			FINANCIAL SUPPORT FOR STINCIDENTAL COSTS OF OUT	UDENTS INGS, FIE	TO COVER THE LD TRIPS, SPORTS
			BRIZENDINE SCHOLARSHIP F	FUND TH	IS ENDOWED FUND
			STUDENTS WHO WOULD OTH ATTEND MARIN ACADEMY 6	ERWISE 1	NOT BE ABLE TO
			SCHOLARSHIP THIS FUND W THE FAMILY OF FORMER TRU CAROL MORSE, IN HER MEMO	STEE ANI	D ALUMNI PARENT,
			CAROL MORSE, IN HER MEMO SCHOLARSHIP PROVIDES NE ASSISTANCE TO AN UNDER-	ED-BASE	DTUITION
			WOULD NOT OTHERWISE BE A	ABLE TO FUND HO	ATTEND MARIN NORING MA
			FACULTY NEED-BASED FINA UNDER-REPRESENTED STUDE PROGRAMS 1 LITERARY FEST	ENT EACH	HYEAR III OTHER
			THE FUND IS RESTRICTED FO TO SUPPORT THE SPEAKING	RUSEBY	Y MARIN ACADEMY
			PROGRAM COSTS OF THE SC FESTIVAL 2 JAMES F THACK	HER END	OWMENT THE JAMES
			F THACHER ENDOWMENT UN LECTURE SERIES, ENABLING PROMINENT CULTURAL, POL	MARIN A	CADEMY TO BRING A
			SOCIAL LEADER TO THE CAM	1PUS EAC UDENTS,	CH YEAR TO ENLARGE THEIR FAMILIES,
			AND THE BAY AREA COMMUN SPEAKER HONORARIA, TRAV	IITY FUN ELEXPEN	IDS ARE USED FOR NSES AND EVENT
			EXPENSES 3 ENDOWMENT F COMMUNITY PARTNERSHIP RESTRICTED FOR SUPPORT C	INCOME	FROM THE FUND IS
			CROSSROADS PROGRAM AND PARTNERSHIPS AS A SCHOOL	OTHER OLTHAT S	COMMUNITY SEEKS TO
			CULTIVATE DIVERSITY IN AITHE ENDOWMENT FOR CROS	SROADS	AND COMMUNITY '
			PUBLIC RESPONSIBILITY TO 4 GENERAL ENDOWMENT FU	THE BRO	ADER COMMUNITY ME FROM THE FUND
			CAN BE USED FOR EXPENSES SCHOOL	AT THE	DISCRETION OF THE
	RIPTION OF UNCERTAIN OSITIONS UNDER FIN 48	PART X, LINE 2	THE SCHOOL HAS EVALUATE POSITIONS AND HAS CONCL	UDED TH	IAT AS FOR JUNE 30,
			2013, THE SCHOOL DOES NO UNCERTAIN TAX POSITIONS WOULD BE NECESSARY		
ADJUS PART	XI, LINE 2D - OTHER STMENTS XI, LINE 4B - OTHER STMENTS		COST OF GOODS SOLD - NET SPECIAL EVENT EXPENSES 1 FINANCIAL AID 2,454,724		H REVENUE 20,436
PART ADJUS	XII, LINE 2D - OTHER STMENTS		COST OF GOODS SOLD - NET SPECIAL EVENT EXPENSES 1 FINANCIAL AID 2,454,724		H REVENUE 20,436
	XII, LINE 4B - OTHER STMENTS		1114ANCIAL AID 2,454,/24		dulo D (Eores 000) 2012

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DLN: 93493319057153

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MARIN ACADEMY

Name of the organization

Schools

▶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.

Employer identification number

01-1186180

-	94-1100109			110
Pa	rtI		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?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ł	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
c	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 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ł	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
c	Scholarships or other financial assistance?	5d		Νo
6	Educational policies?	5e		No
f	Use of facilities?	5f		No
ç	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
_		 		
	ndoes the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II	OD		11/0
7	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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE NONDISCRIMINATORY POLICY IS PUBLISHED IN THE SF CHRONICLE EACH YEAR WITH A LIST OF OTHER BAY AREA SCHOOLS THE POLICY IS ALSO ON THE SCHOOL'S WEBSITE AND IN ADMISSIONS MATERIALS

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493319057153

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Supplemental Information Regarding

Open to Public Inspection

	RIN ACADEMY						Employer iden	itii ication number			
'I A I	RIN ACADEMY						94-1186189				
Рa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes"	to Forn	n 990, Part IV	, line 17.			
1	Indicate whether the organ	ızatıon raısed funds	through ar	ny of the f	ollowing activities Ch	eck all t	hat apply				
а	Mail solicitations			e	☐ Solicitation of no	n-goveri	nment grants				
b	Internet and email solu	cıtatıons		f	Solicitation of government grants						
С	Phone solicitations			g	Special fundraisi	ng event	s				
d	In-person solicitations										
2a	Did the organization have a or key employees listed in							Г _{Yes} Г м			
b	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization										
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization			
			Yes	No							
ota	al			.							
3	List all states in which the dicensing	organization is regis	tered or li	censed to	solicit funds or has b	een noti	fied it is exempt	from registration or			

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 40TH GALA	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
Ę	1	Gross receipts	134,052	2		134,052
Revenue	2	Less Contributions	133,572	2		133,572
<u>~</u>	3	Gross income (line 1 minus line 2)	480)		480
	4	Cash prizes				
en.	5	Noncash prizes				
JS.	6	Rent/facility costs				
ă ă	7	Food and beverages .				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .	127,103	3		127,103
	10	Direct expense summary Add lin	es 4 through 9 in column	n(d)		(127,103)
	11	Net income summary Combine li	ne 3, column (d), and line	210		-126,623
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	
evenue		\$15,000 on Form 990-EZ, lii	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Gross revenue				
nses	2	Cash prizes				
8	3	Non-cash prizes				
	4	Rent/facility costs				
Direct Expenses Reveilue	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	☐ Yes ☐ No	┌ Yes_	_
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ent	ter the state(s) in which the organiza	ation operates gaming ac	tivities		
a b		the organization licensed to operate 'No," explain				
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

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. Attach to Form 990

OMB No 1545-0047

DLN: 93493319057153

Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number MARIN ACADEMY 94-1186189 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 22
	Part III can be duplicated 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) FINANCIAL AID/SCHOLARSHIPS	92	2,454,724		FMV	
Part IV Supplemental Informat	tion.				

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 FINANCIAL AID IS AWARDED BY THE ADMISSIONS OFFICE TO MA STUDENTS WITH DEMONSTRATED FINANCIAL NEED THE ADMISSIONS OFFICE RETAINS RECORDS TO SUBSTANTIATE THE AWARDS AWARDS ARE REVIEWED BY THE BUSINESS OFFICE AND HEAD OF SCHOOL
	·	

Schedule I (Form 990) 2012

DLN: 93493319057153

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MARIN ACADEMY

Employer identification number

94-1186189

Pa	Ttl Questions Regarding Compensatio	n								
					Yes	No				
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II									
	First-class or charter travel	굣	Housing allowance or residence for personal use							
	▼ Travel for companions		Payments for business use of personal residence							
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees							
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?									
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compens	hat apply	·							
	∇ Compensation committee	굣	Written employment contract							
		굣	Compensation survey or study							
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization $% \left(1\right) =\left(1\right) \left(1\right$							
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo				
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο				
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo				
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	e applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only ma	ust comp	olete 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 any							
а	The organization?			5a		Νo				
b	Any related organization?			5b		Νo				
	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 1a	, did the organization pay or accrue any							
а	The organization?			6a		Νo				
b	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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III									
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was							
	subject to the initial contract exception described i	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III									
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9						

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)TRAVIS BROWNLEY HEAD OF SCHOOL	(i) (ii)	253,628 0	7,200 0	0	15,218 0	11,818 0	287,864 0	o 0
(2)MICHAEL JOYCE CHIEF FINANCIAL OFFICER	(i) (ii)	194,663 0	0	0	15,573 0	11,818 0	222,054 0	0
(3)LYNNE HANSEN DEAN OF STUDENTS	(i) (ii)	140,053 0	0	0	8,403 0	11,819 0	160,275 0	0
(4)DAN BABIOR DIR OF ADMISSIONS AND FIN	(i) (ii)	133,408	0 0	0	8,00 4 0	9,787 0	151,199 0	0
(5)MEG WILSON DIR OF INSTITUTIONAL ADVAN	(i) (ii)	216,419 0	0	0	12,985 0	11,705 0	241,109 0	0
(6)JENNIFER BLAKE CO-DIRECTOR OF COLLEGE COU	(i) (ii)	136,551 0	0 0	0	8,193 0	11,819 0	156,563 0	0
(7)MICKY MORRIS DIRECTOR OF FACILITIES, OP	(i) (ii)	135,233	0	0	8,11 4 0	9,968 0	153,315 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

A 130 complete this part for any addition	ina ilila	
Identifier	Return Reference	Explanation
	,	MARIN ACADEMY SHALL REIMBURSE THE HEAD FOR REASONABLE OUT-OF-POCKET EXPENSES INCURRED IN CONNECTION WITH MARIN ACADEMY'S BUSINESS, INCLUDING COSTS OF SCHOOL FUNCTIONS AT THE HEAD'S HOUSE, AND TRAVEL EXPENSES, FOOD AND LODGING WHILE AWAY FROM HOME, SUBJECT TO SUBMISSION OF SATISFACTORY DOCUMENTATION TO THE BOARD OF TRUSTEES OR ITS DESIGNEES AND SUCH POLICIES AS MARIN ACADEMY MAY FROM TIME TO TIME REASONABLY ESTABLISH FOR ITS EMPLOYEES REASONABLE OUT-OF-POCKET EXPENSES TO BE REIMBURSED, IN THE SOLE DISCRETION OF THE BOARD OF TRUSTEES OR ITS DESIGNEE, MAY INCLUDE TRAVEL COSTS OF A COMPANION, IF AND WHEN ACCOMPANYING THE HEAD ON SCHOOL-RELATED BUSINESS, I E , IF A COMPANION'S PRESENCE IS REQUIRED AS A CONDITION OF THE HEAD'S EMPLOYMENT DUE TO SCHOOL-RELATED BUSINESS NECESSITY THE VALUE OF THE HOUSING IS EXCLUDED UNDER SECTION 119(D)

Schedule J (Form 990) 2012

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DLN: 93493319057153 OMB No 1545-0047

2012

Open to Public

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 Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

	Internal Revenue Service														
	of the organization									Emp	oloyer id	entifica	ation num	ber	
MAK.	IN ACADEMY									94-	11861	89			
Pa	rt I Bond Issues									•					
) O n	(i)	Pool
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	n of purpose	(g) De	feased		alf of suer		ncing
	1							•		Yes	No	Yes	No	Yes	No
	ABAG FINANCE AUTHORITY									100	140	103	140	103	110
	FOR NONPROFIT	94-3130123	NONEAVAIL	06-07-2006	8 30				DREFINANCI		x		x		x
	CORPORATIONS		NONEAVALE	00 07 2000	,,,,,	0,000	CERT	CERTAIN RENOVATIONS			^		^		^
Par	rt III Proceeds											1			
	1100000				Δ.			В			С			D	
1	A mount of bonds retired					8,300,	000								
2	A mount of bonds legally defeas	ed				<u> </u>									
3	Total proceeds of issue	Total proceeds of issue													
4	Gross proceeds in reserve fund														
5	Capitalized interest from procee	Capitalized interest from proceeds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds														
8	Credit enhancement from proce	eds													
9	Working capital expenditures fro	om proceeds													
10	Capital expenditures from proce	eeds				8,300,000									
11	O ther spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion				20	07									
					Yes	No		Yes	No	Yes	N	0	Yes		No
14	Were the bonds issued as part of	of a current refundır	ng issue?			Х					<u> </u>				
15	Were the bonds issued as part of	of an advance refun	ding issue?			Х					<u> </u>				
16	Has the final allocation of proce	eds been made?			Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Par	t IIII Private Business Us	se			1										
				Α			В			<u>C</u>			D		
	Was the organization a partner	in a nartnarchin ar	a mambar of an III	a which owned	Yes	No	-	Yes	No	Yes	N	0	Yes	-	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					Х								_	

financed property?

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

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				A		В		C		D
_	Are there any management or convice centrality that may recult in height	huainaaa uaa l	Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private of bond-financed property?	pusiliess use	Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?			x						
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
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			0% %				%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government		0 00000%		%		%	%		
6	Total of lines 4 and 5		0%		%		%	%		
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?		х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : $1\ 141-12\ and\ 1\ 145-2?$	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х						
Par	t IV Arbitrage									
	Arbitrage	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T?	Х								
2	If "No" to line 1, did the following apply?			•	•	•	•	•	•	
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•	•	
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge	ļ								
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		- '			•	•	•	•		

Part IV Arbitrage (Continued)

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guarai contract (GIC)?	nteed investment		Х						
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyon period?		Х							
7	Has the organization established written procedures to monitor the requirements of section 148?			Х						
Pa	rt V Procedures To Undertake C	Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?									
Pa	art VI Supplemental Information	n. Complete this part to pr	ovide addition	al information	on for respon	ses to ques	tions on Sche	edule K (see	instructions)	
	Identifier	Return Reference				Fynlan	ation			

Α

В

Schedule K (Form 990) 2012

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DLN: 93493319057153

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

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, line 38a or 40b.

2012

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization MARIN ACADEMY							Employer identification number						
	ss Benefit Tran						ganıza		only).		101		
	ete if the organization											417	
1 (a) Name	of disqualified pers		n (b) Relationship between disqualified person and organization			(c) Description of transa			saction		(d) Corr		
			person and	a organization	011						Yes	No	
	mount of tax incurre	d by organiza				ns during the	year u	under :	section > \$				
	mount of tax, if any,							•	> \$				
Com	ans to and/or F plete if the organiza nization reported ar	ation answer	ed "Yes" o	n Form 990		ne 38a, or Fo	rm 99	0, Par	t IV , lın	ne 26, o	r ıf the		
(a) Name of interested person	(b) Relationship with organization		(d) Loar			(f) Balance due	default? App		Appro by boa	oved ard or		(i)Written agreement?	
			То	From	\dashv		Yes	res No	Yes	No	Yes	No	
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	nplete if the organ				fassistance	•		+	(0)	Durnos	- of	ıctanı	
(a) Name of int person	ınterest	ationship bet ted person ar organization		.) Amount o	i assistance	(d) Type o	1 45515	tance	(e)	Purpos	e 01 a55	istalic	

Part IV Business Transactions I Complete if the organizatio			o 282 28h or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STUART LUM	FORMER TRUSTEE OF MARIN ACADEMY	, ,	INTERESTED PERSON IS ALSO A TRUSTEE OF THE BANK THAT HOLDS A PORTION OF SCHOOL'S TAX- EXEMPT DEBT TRANSACTION AMOUNT REPRESENTS INTEREST PAID ON DEBT HELD BY BANK DURING THE 2012-13 FISCAL YEAR		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
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Schedule L (Form 990 or 990-EZ) 2012

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization MARIN ACADEMY

Employer identification number

Рa	rt I Types of Property				94-1186189			
<u> </u>	Types of Floperty	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
ŀ	Books and publications							
5	Clothing and household goods							
5	Cars and other vehicles							
7	Boats and planes							
3	Intellectual property							
•	Securities—Publicly traded .	Х	13	166,304	FMV			
)	Securities—Closely held stock .							
L	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
ŀ	Qualified conservation contribution—Other							
;	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
}	Collectibles							
)	Food inventory							
)	Drugs and medical supplies .							
	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
ŀ	Archeological artifacts							
5	O ther ► ()							
,	O ther ►()							
,	O ther ▶()							
ţ	O ther ▶ ()							
	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
0a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ent ın Part I	Ι					
L	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493319057153

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.

2012

Open to Public Inspection

Name of the organization MARIN ACADEMY

Employer identification number

94-1186189

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 IS REVIEWED BY THE SCHOOL'S AUDIT COMMITTEE. THE RETURN IS MADE AVAILABLE TO THE ENTIRE GOVERNING BODY BEFORE BEING FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE, AT LEAST ANNUALLY, RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS REPORTING IS DONE AT SEVERAL TIMES DURING THE FISCAL AND ACADEMIC YEAR EACH FALL (SEPTEMBER) TRUSTEES, OFFICERS, AND KEY EMPLOYEES DISCLOSE ANY KNOWN OR SUSPECTED CONFLICTS ON A WRITTEN CONFLICT OF INTEREST DISCLOSURE FORM FORMS ARE COLLECTED AT A REGULARLY SCHEDULED BOARD MEETING AND REVIEWED (BY THE AUDIT CHAIR) TO IDENTIFY CONFLICTS ADDITIONALLY, SEVERAL TIMES DURING THE YEAR, TRUSTEES ARE POLLED AT THE START OF BOARD DISCUSSIONS THAT RELATE TO EXECUTIVE COMPENSATION AND OTHER BOARD MATTERS THAT MIGHT PRESENT CONFLICTS OF INTEREST TRUSTEES ARE POLLED AT THE START OF THESE DISCUSSIONS TO DECLARE ANY KNOWN OR SUSPECTED CONFLICTS DECLARATIONS ARE NOTED IN THE BOARD MINUTES
	FORM 990, PART VI, SECTION B, LINE 15	THE SCHOOL HAS CREATED A COMPENSATION COMMITTEE, COMPOSED OF TRUSTEES WHO HAVE NO CONFLICT WITH RESPECT TO COMPENSATION AND ASSISTED BY THE SCHOOL'S INDEPENDENT LEGAL COUNSEL, TO REVIEW EXECUTIVE PAY AND COMPENSATION THE COMMITTEE REVIEWS COMPARABLE EXECUTIVE SALARY AND COMPENSATION DATA FOR THE SCHOOL'S HEAD OF SCHOOL AND CHIEF FINANCIAL OFFICER POSITIONS THE COMMITTEE REVIEWS COMPENSATION DATA FROM INDEPENDENT SCHOOL DATABASES FOR NATIONAL, CALIFORNIA, AND BAY AREA SCHOOLS RECOMMENDATIONS FOR HOS AND CFO COMPENSATION, WITH SUPPORTING DOCUMENTATION, ARE PRESENTED TO THE GOVERNING BOARD FOR REVIEW AND APPROVAL, AS APPROPRIATE
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC PRIMARILY ON A BY-REQUEST BASIS DOCUMENTS AND STATEMENTS ARE AVAILABLE FOR VIEWING IN THE SCHOOL'S BUSINESS OFFICE PUBLIC INSPECTION COPIES OF THE SCHOOL'S AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ONLINE AT GUIDESTAR COM
		FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR
		FORM 990, PART I, LINE 6 THE SCHOOL'S PARENTS ASSOCIATION MEMBERS VOLUNTEER AT VARIOUS SCHOOL EVENTS AND FUNCTIONS THROUGHOUT THE YEAR APPROXIMATELY 350 PARENTS DONATE TIME TO THESE ACTIVITIES EACH YEAR