

WILKINSON HADLEY KING & CO., LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
218 W. DOUGLAS AVENUE  
EL CAJON, CA 92020

PALISADES CHARTER HIGH SCHOOL  
15777 BOWDOIN STREET  
PACIFIC PALISADES, CA 90272

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED JUNE 30, 2011 FOR:

PALISADES CHARTER HIGH SCHOOL AS FOLLOWS...

2010 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2010 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
2010 SCHEDULE B - SCHEDULE OF CONTRIBUTORS  
2010 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS  
2010 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S  
2010 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ  
2010 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION  
2010 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

P. ROBERT WILKINSON  
WILKINSON HADLEY KING & CO., LLP  
CERTIFIED PUBLIC ACCOUNTANTS

WILKINSON HADLEY KING & CO., LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
218 W. DOUGLAS AVENUE  
EL CAJON, CA 92020

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INSTRUCTIONS FOR FILING  
PALISADES CHARTER HIGH SCHOOL  
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION  
FOR THE PERIOD ENDED JUNE 30, 2011

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SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE  
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

WILKINSON HADLEY KING & CO., LLP  
218 W. DOUGLAS AVENUE  
EL CAJON CA 92020

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE  
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.  
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE  
SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY  
TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2012. WE  
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE  
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL  
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.  
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE  
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE  
DATE OF YOUR RETURN.

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Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions on back.**

# 2010

Name of exempt organization: PALISADES CHARTER HIGH SCHOOL Employer identification number: 92-0184898

Name and title of officer: PAMELA MAGEE, EXECUTIVE DIRECTOR/PRINCIPAL

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>23150367.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize WILKINSON HADLEY KING & C to enter my PIN 21512 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 02/15/2012

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 33959692952  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2010)

Form **990**

# 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

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> PALISADES CHARTER HIGH SCHOOL		<b>D Employer identification number</b> 92-0184898
	Doing Business As		<b>E Telephone number</b> (310) 459-0310
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	15777 BOWDOIN STREET		
City or town, state or country, and ZIP + 4 PACIFIC PALISADES, CA 90272		<b>G Gross receipts \$</b> 23,150,367.	
<b>F Name and address of principal officer:</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> WWW.PALHIGH.ORG		<b>L Year of formation:</b> 2003	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M State of legal domicile:</b> CA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PALISADES CHARTER HIGH SCHOOL WILL EMPOWER OUR DIVERSE STUDENT POPULATION TO MAKE POSITIVE CONTRIBUTIONS TO THE GLOBAL COMMUNITY BY DEDICATING OUR RESOURCES TO ENSURE EDUCATIONAL EXCELLENCE AND GROWTH.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6.
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	347.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	28.
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-210,289.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	21,522,725.	23,112,894.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,684.	184,388.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,627.	63,374.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,842,212.	23,150,367.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000.	9,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,661,506.	17,304,786.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,762,124.	5,351,487.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,428,630.	22,665,273.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-586,418.	485,094.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	13,669,694.	15,070,045.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	4,971,246.	5,886,503.
		8,698,448.	9,183,542.

## Part II 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.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00067183
	Firm's name ▶ WILKINSON HADLEY KING & CO., LLP	Firm's EIN ▶ 52-2354566			
	Firm's address ▶ 218 W. DOUGLAS AVENUE EL CAJON, CA 92020	Phone no. 619-447-6700			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
PALISADES CHARTER HIGH SCHOOL WILL EMPOWER OUR DIVERSE STUDENT  
POPULATION TO MAKE POSITIVE CONTRIBUTIONS TO THE GLOBAL COMMUNITY BY  
DEDICATING OUR RESOURCES TO ENSURE EDUCATIONAL EXCELLENCE, CIVIC  
RESPONSABILITY, AND PERSONAL GROWTH.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: 1) (Expenses \$ 18,067,054. including grants of \$                     ) (Revenue \$ 184,388.)  
A CHARTER SCHOOL PROVIDING EDUCATIONAL OPPORTUNITIES TO THE  
SURROUNDING COMMUNITY.

**4b** (Code:                     ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )

**4c** (Code:                     ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$                      including grants of \$                     ) (Revenue \$                     )

**4e Total program service expenses** ▶ 18,067,054.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements for various schedules (A through H).

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. . . . .		
<b>25 a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.



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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [ ] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GREGORY WOOD 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272 310-230-6650

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES PALENO TEACHER REPRESENTATIVE	30.00	X					111,016.	0.	19,782.	
(2) JASON CUTLER COMMUNITY REPRESENTATIVE	0.00	X					0.	0.	0.	
(3) STEPHANIE INYAMA PARENT REPRESENTATIVE	0.00	X					0.	0.	0.	
(4) LISA KAAS-BOYLE COMMUNITY REPRESENTATIVE	0.00	X					0.	0.	0.	
(5) ELEANOR ROZELL CLASSIFIED REPRESENTATIVE	40.00	X					92,402.	0.	19,175.	
(6) CHRIS LEE TEACHER REPRESENTATIVE	30.00	X					76,202.	0.	18,404.	
(7) SUSAN FRANK PARENT REPRESENTATIVE	0.00	X					0.	0.	0.	
(8) WENDY HAGAN TEACHER REPRESENTATIVE	30.00	X					63,396.	0.	15,735.	
(9) MONICA IANNESSA ADMINISTRATIVE REPRESENTATIVE	40.00	X					97,376.	0.	20,365.	
(10) NAOMI NORWOOD COMMUNITY REPRESENTATIVE	0.00	X					0.	0.	0.	
(11) SHAHIN MOHAMMADI STUDENT REPRESENTATIVE	0.00	X					0.	0.	0.	
(12) ALLISON HOLDORFF POLHILL PARENT REPRESENTATIVE		X					0.	0.	0.	
(13) GREGORY WOOD CHIEF BUSINESS OFFICER	40.00			X			115,528.	0.	25,071.	
(14) MARCIA HASKIN PRINCIPAL	40.00			X			90,232.	0.	0.	
(15) MICHAEL A SMITH EXECUTIVE DIRECTOR	40.00			X			48,729.	0.	12,768.	
(16) DAVE SUAREZ TEACHER	30.00				X		106,752.	0.	19,384.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) SUSAN CURREN TEACHER	30.00					X		108,969.	0.	19,577.
(18) JOHN RAUSCHUBER TEACHER	30.00					X		107,919.	0.	19,487.
(19) RUSSELL HOWARD ASSISTANT PRINCIPAL	40.00					X		108,340.	0.	19,522.
(20) MARIA GIRIBALDI TEACHER	30.00					X		104,975.	0.	21,062.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								1,231,836.	0.	230,332.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,231,836.	0.	230,332.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	22,841,667.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	271,227.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .						
	<b>h Total. Add lines 1a-1f</b> . . . . .			23,112,894.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> FOOD SERVICE SALES			184,388.	184,388.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total. Add lines 2a-2f</b> . . . . .			184,388.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .	ATTACHMENT 2		63,374.	63,374.		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			0.			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0.			
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .						
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			0.			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .			0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b> FACILITY PERMITS, NET		713990		-210,289.		-210,289.	
<b>b</b> _____							
<b>c</b> _____							
All other revenue . . . . .							
<b>e Total. Add lines 11a-11d</b> . . . . .				-210,289.			
<b>12 Total revenue. See instructions</b> . . . . .				23,150,367.	247,762.	-210,289.	

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	9,000.	9,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	797,649.	638,119.	159,530.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	12,310,378.	9,848,302.	2,462,076.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	946,862.	757,490.	189,372.	
9 Other employee benefits . . . . .	2,867,419.	2,293,935.	573,484.	
10 Payroll taxes . . . . .	382,478.	305,982.	76,496.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	69,412.		69,412.	
c Accounting . . . . .	14,900.		14,900.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	121,362.	97,090.	24,272.	
14 Information technology . . . . .	6,601.	6,601.		
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	1,045.		1,045.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	16,587.	13,270.	3,317.	
20 Interest . . . . .	16,484.	13,187.	3,297.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	78,160.	62,528.	15,632.	
23 Insurance . . . . .	142,709.	114,167.	28,542.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>PROFESSIONAL FEES</u> . . . . .	2,091,061.	1,672,849.	418,212.	
b <u>OPERATIONS/HOUSEKEEPING</u> . . . . .	486,584.	389,267.	97,317.	
c <u>TRANSPORTATION, PUBLIC CONT.</u> . . . . .	1,152,231.	921,785.	230,446.	
d <u>MATERIALS &amp; SUPPLIES</u> . . . . .	311,417.	249,134.	62,283.	
e <u>FOOD SERVICES</u> . . . . .	273,852.	219,082.	54,770.	
f All other expenses . . . . .	569,082.	455,266.	113,816.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	22,665,273.	18,067,054.	4,598,219.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,179,253.	<b>1</b>	2,983,772.
	<b>2</b> Savings and temporary cash investments . . . . .	816,344.	<b>2</b>	809,791.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	3,574,299.	<b>4</b>	5,088,780.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	61,783.	<b>9</b>	45,645.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	9,008,049.		
	<b>b</b> Less: accumulated depreciation . . . . .	2,894,421.		
		4,998,733.	<b>10c</b>	6,113,628.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	39,282.	<b>15</b>	28,429.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,669,694.	<b>16</b>	15,070,045.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,735,721.	<b>17</b>	3,110,586.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,221.	<b>19</b>	7,381.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,125,247.	<b>23</b>	1,930,509.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	1,105,057.	<b>25</b>	838,027.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,971,246.	<b>26</b>	5,886,503.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,453,048.	<b>27</b>	8,681,792.
	<b>28</b> Temporarily restricted net assets . . . . .	75,400.	<b>28</b>	281,750.
	<b>29</b> Permanently restricted net assets . . . . .	170,000.	<b>29</b>	220,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	8,698,448.	<b>33</b>	9,183,542.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	13,669,694.	<b>34</b>	15,070,045.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	23,150,367.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	22,665,273.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	485,094.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	8,698,448.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	9,183,542.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? . . . . .	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> PALISADES CHARTER HIGH SCHOOL	<b>Employer identification number</b> 92-0184898
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

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

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

---

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

---

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> PALISADES CHARTER HIGH SCHOOL	<b>Employer identification number</b> 92-0184898
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(<sup>3</sup>) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PALISADES CHARTER HIGH SCHOOL

Employer identification number  
92-0184898

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CALIFORNIA DEPT OF ED 1430 N STREET SACRAMENTO, CA 95814	\$ 17,391,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF ED 400 MARYLAND AVE WASHINGTON DC, WA 20202	\$ 2,136,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COUNTY OF LOS ANGELES-TAXES 500 W TEMPLE ST LOS ANGELES, CA 90012	\$ 3,314,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PACIFIC PALISADES BOOSTER CLUB 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	\$ 122,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PALISADES-MALIBU YMCA 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	\$ 21,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ROSE GILBERT 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PALISADES CHARTER HIGH SCHOOL

Employer identification number  
92-0184898

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DAVID LEE AND WENDY CHANG ----- 15777 BOWDOIN STREET ----- PACIFIC PALISADES, CA 90272 -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CONTRIBUTIONS <5,000 ----- 15777 BOWDOIN ST ----- PACIFIC PALISADES, CA 90272 -----	\$ ----- 67,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization: PALISADES CHARTER HIGH SCHOOL; Employer identification number: 92-0184898

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	170,000.	170,000.	170,000.		
b Contributions . . . . .	59,000.				
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .	9,000.				
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	220,000.	170,000.	170,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ 100.0000 %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations . . . . .   | <b>3a(i)</b>  | X  |
| (ii) related organizations . . . . .  | <b>3a(ii)</b> | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | X  |

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		8,345,686.	2,301,250.	6,044,436.
c Leasehold improvements . . . . .				
d Equipment . . . . .	0.	662,363.	593,171.	69,192.
e Other . . . . .		0.		0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				6,113,628.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO SPONSORING DISTRICT	838,027.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	838,027.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,150,367.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,665,273.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	485,094.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	485,094.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	23,850,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	699,736.
e	Add lines 2a through 2d	2e	699,736.
3	Subtract line 2e from line 1	3	23,150,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,150,367.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	23,365,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	699,736.
e	Add lines 2a through 2d	2e	699,736.
3	Subtract line 2e from line 1	3	22,665,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,665,273.

**Part XIV Supplemental Information**

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

OTHER REVENUE & EXPENSES

SCHEDULE D PART XII & XIII

THE DIFFERENCE BETWEEN THE AUDIT REPORT AND THE TAX RETURN FOR BOTH

REVENUE AND EXPENSE ARE A DIRECT RESULT OF THE FOLLOWING: EXPENSES FOR

THE POOL PROJECT OF \$699,736 ARE SHOWN OFFSETTING REVENUE ON THE TAX

RETURN BUT ARE SHOWN AS EXPENSES IN THE AUDIT.

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**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization  
**PALISADES CHARTER HIGH SCHOOL**  
Employer identification number  
**92-0184898**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II 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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

PALISADES CHARTER HIGH SCHOOL

Employer identification number

92-0184898

HOW DOES THE ORGANIZATION MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY?

PALISADES CHARTER HIGH SCHOOL REQUIRES ALL KEY EMPLOYEES AND MEMBERS OF  
THE BOARD OF TRUSTEES TO COMPLETE A CALIFORNIA FORM 700 "ANNUAL STATEMENT  
OF ECONOMIC INTEREST".

PALISADES POLICY'S AND FINANCIAL STATEMENTS

THE ORGANIZATIONS DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL  
STATEMENTS CAN BE FOUND EITHER ON THE SCHOOLS WEBSITE, IN THE GOVERNING  
MINUTES, OR UPON REQUEST AT THE OFFICE OF THE EXECUTIVE DIRECTOR OR CHIEF  
BUSINESS OFFICER.

DETERMINATION OF COMPENSATION

BOARD OF TRUSTEES REVIEW/APPROVE COMPENSATION LEVELS BY ALL  
EXECUTIVE/MANAGEMENT-LEVEL EMPLOYEES.

HOW IS FORM 990 MADE AVAILABLE TO THE PUBLIC

IN BOARD MEETING MINUTES AND ON WEBSITE (WWW.PALIHIGH.ORG)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GLOBAL TRANSPORTATION SERVICES 200 E GARDEN BLVD GARDENA, CA 90248	PUPIL TRANSPORTATION	404,571.
SARLAN BUILDERS 9903 SANTA MONICA BLVD BEVERLY HILLS, CA 90212	CONSTRUCTION	1,650,917.

Name of the organization PALISADES CHARTER HIGH SCHOOL	Employer identification number 92-0184898
---	--

ATTACHMENT 1 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO, INC DEPT 43283 LOS ANGELES, CA 90011	FOOD MANAGEMENT	141,566.
TOTAL COMPENSATION		<u>2,197,054.</u>

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	63,374.	63,374.		
TOTALS	<u>63,374.</u>	<u>63,374.</u>		

ATTACHMENT 3FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSE	45,645.
TOTALS	<u>45,645.</u>

ATTACHMENT 4FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	7,381.
TOTALS	<u>7,381.</u>

Name of the organization PALISADES CHARTER HIGH SCHOOL	Employer identification number 92-0184898
---	--

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: DE LAGE LANDEN PUBLIC FINANCE  
ORIGINAL AMOUNT: 750,000.  
DATE OF NOTE: 05/21/2007  
MATURITY DATE: 06/30/2010  
PURPOSE OF LOAN: TRACK & FIELD PROJECT

BEGINNING BALANCE DUE ..... 341,412.  
ENDING BALANCE DUE ..... 0.

LENDER: GILBERT LOAN  
ORIGINAL AMOUNT: 783,835.  
DATE OF NOTE: 02/01/2010  
MATURITY DATE: 10/31/2015  
PURPOSE OF LOAN: POOL PROJECT

BEGINNING BALANCE DUE ..... 783,835.  
ENDING BALANCE DUE ..... 714,890.



Name of the organization PALISADES CHARTER HIGH SCHOOL	Employer identification number 92-0184898
---	--

ATTACHMENT 5 (CONT'D)

LENDER: BANK OF THE WEST  
ORIGINAL AMOUNT: 354,580.  
INTEREST RATE: 5.690000  
DATE OF NOTE: 08/31/2010  
ENDING BALANCE DUE ..... 252,199.

LENDER: BANK OF THE WEST  
ORIGINAL AMOUNT: 1,000,000.  
INTEREST RATE: 3.750000  
DATE OF NOTE: 09/30/2010  
ENDING BALANCE DUE ..... 963,420.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,125,247.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,930,509.





WILKINSON HADLEY KING & CO., LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
218 W. DOUGLAS AVENUE  
EL CAJON, CA 92020

\*\*\*\*\*

INSTRUCTIONS FOR FILING  
PALISADES CHARTER HIGH SCHOOL  
CA FORM 199  
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED JUNE 30, 2011

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF  
THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 15, 2012  
WITH...

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CALIFORNIA 94257-0701

PAYMENT OF TAX...

A CHECK PAYABLE TO THE FRANCHISE TAX BOARD TREASURER IN THE AMOUNT  
OF \$10. SHOULD BE ATTACHED TO THE RETURN. BE SURE  
TO INCLUDE THE FEDERAL EIN AND "2010 CA FORM 199" ON THE CHECK.

A FILING FEE OF \$10. MUST BE SUBMITTED WITH THE REPORT PAYABLE  
TO THE FRANCHISE TAX BOARD.

TAXABLE YEAR **2010** California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2010 or fiscal year beginning month **07** day **01** year **10**, and ending month **06** day **30** year **2011**.

A First Return Filed?  Yes  No

B Type of organization  
 Exempt under Section 23701 (insert letter) \_\_\_\_\_  
 IRC Section 4947(a)(1) trust

CORP # \_\_\_\_\_

Corporation/Organization Name  
**PALISADES CHARTER HIGH SCHOOL**

FEIN  
**92-0184898**

Address  
**15777 BOWDOIN STREET**

City  
**PACIFIC PALISADES**

State  
**CA**

ZIP Code  
**90272**

C Amended Return?  Yes  No

D Are you a subordinate/affiliate in a group exemption?  
 (a) Is this a group filing for affiliates? See General Instruction L . . .  Yes  No  
 (b) If "Yes," enter the number of affiliates . . . . .  
 (c) Are all affiliates included? . . . . .  Yes  No  
 (If "No," attach a list. See instructions.)  
 (d) Is this a separate return filed by an organization covered by a group ruling? . . . . .  Yes  No  
 (e) Federal Group Exemption Number . . . . .  
 (f) Is a roster of subordinates attached? . . . . .  Yes  No

E Final return?  
 Dissolved •  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date . . . . .

F Check the box if the organization filed the following federal forms or schedule:  
 (1)  990T (2)  990PF (3)  (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, . . . . .

check box. See General Instruction F. No filing fee is required. . . . .

H Accounting method used (1)  Cash (2)  Accrual (3)  Other

I If exempt under R&TC Section 23701d, has the organization during the year:  
 (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations . . . . .  Yes  No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents . . . . .  Yes  No

K Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_

L Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . .  Yes  No

M Is the organization a Limited Liability Company? . . . . .  Yes  No

N Did the organization file Form 100 or Form 109 to report taxable income? . . . . .  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . .	1	37,473.00
	2	Gross dues and assessments from members and affiliates . . . . .	2	00
	3	Gross contributions, gifts, grants, and similar amounts received. . . . . <b>ATTCH 1</b>	3	23,112,894.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B . . . . .	4	23,150,367.00
	5	Cost of goods sold . . . . .	5	00
	6	Cost or other basis, and sales expenses of assets sold . . . . .	6	00
	7	Total costs. Add line 5 and line 6 . . . . .	7	00
	8	Total gross income. Subtract line 7 from line 4 . . . . .	8	23,150,367.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . . .	9	22,665,273.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . .	10	485,094.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F . . . . .	11	10.00
	12	Total payments . . . . .	12	00
	13	Penalties and Interest. See General Instruction J . . . . .	13	00
	14	Use tax. See General Instruction K . . . . .	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result . . . . .	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN/SSN P00067183

Firm's name (or yours, if self-employed) and address **WILKINSON HADLEY KING & CO., LLP**  
**218 W. DOUGLAS AVENUE**  
**EL CAJON, CA 92020**

FEIN **52-2354566**  
 Telephone **619-447-6700**

May the FTB discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	184,388.00
	2	Interest	2	63,374.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income. Attach schedule ATCH 2	7	-210,289.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	37,473.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule ATCH 4	9	9,000.00
	10	Disbursements to or for members	10	0.00
	11	Compensation of officers, directors, and trustees. Attach schedule ATCH 3	11	797,649.00
	12	Other salaries and wages	12	12,310,378.00
	13	Interest	13	16,484.00
	14	Taxes	14	382,478.00
	15	Rents	15	0.00
	16	Depreciation and depletion (See instructions)	16	78,160.00
	17	Other. Attach schedule ATCH 5	17	9,071,124.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	22,665,273.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		4,995,597.		3,793,563.
2	Net accounts receivable		3,574,299.		5,088,780.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10 a	Depreciable assets	7,470,982.		9,008,049.	
b	Less accumulated depreciation	(2,472,249.)	4,998,733.	(2,894,421.)	6,113,628.
11	Land				
12	Other assets. Attach schedule ATCH 6		101,065.		74,074.
13	<b>Total assets</b>		13,669,694.		15,070,045.
<b>Liabilities and net worth</b>					
14	Accounts payable		2,735,721.		3,110,586.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable		1,125,247.		1,930,509.
18	Other liabilities. Attach schedule ATCH 7		1,110,278.		845,408.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		8,698,448.		9,183,542.
22	<b>Total liabilities and net worth</b>		13,669,694.		15,070,045.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	485,094.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	485,094.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	<b>Total.</b> Add line 1 through line 5	485,094.			

PALISADES CHARTER HIGH SCHOOL

92-0184898

FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

ATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>	<u>GOVERNMENT GRANTS</u>
CALIFORNIA DEPT OF ED 1430 N STREET SACRAMENTO, CA 95814	06/30/2011		17,391,311.
US DEPT OF ED 400 MARYLAND AVE WASHINGTON DC, WA 20202	06/30/2011		2,136,254.
COUNTY OF LOS ANGELES-TAXES 500 W TEMPLE ST LOS ANGELES, CA 90012	06/30/2011		3,314,102.
PACIFIC PALISADES BOOSTER CLUB 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	06/30/2011	122,805.	
PALISADES-MALIBU YMCA 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	08/01/2010	21,343.	
ROSE GILBERT 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	06/30/2011	50,000.	
DAVID LEE AND WENDY CHANG 15777 BOWDOIN STREET PACIFIC PALISADES, CA 90272	08/01/2010	10,000.	
CONTRIBUTIONS <5,000 15777 BOWDOIN ST PACIFIC PALISADES, CA 90272	06/30/2011	67,079.	
<u>TOTAL CONTRIBUTION AMOUNTS</u>		<u>271,227.</u>	<u>22,841,667.</u>

ATTACHMENT 2

PART II - OTHER INCOME

PERMITS- NET	-210,289.
TOTAL OTHER INCOME	<u>-210,289.</u>



ATTACHMENT 3COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

MICHAEL A SMITH, EXECUTIVE DIRECTOR	48,729.
JAMES PALENO, TEACHER REPRESENTATIVE	111,016.
ALEXANDER SCHUHGALTER, TEACHER REPRESENTATIVE	102,768.
GREGORY WOOD, CHIEF BUSINESS OFFICER	115,528.
MARCIA HASKIN, PRINCIPAL	90,232.
MONICA IANNESSA, ADMINISTRATIVE REPRESENTATIVE	97,376.
WENDY HAGAN, TEACHER REPRESENTATIVE	63,396.
CHRIS LEE, TEACHER REPRESENTATIVE	76,202.
ELANOR ROZELL, CLASSIFIED REPRESENTATIVE	92,402.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES	<u>797,649.</u>

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 4

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

ANOKHY DESAI  
10600 WILSHIRE BLVD #220  
LOS ANGELES, CA 90024

PAID TO A STUDENT FOR A COLLEGE SCHOLARSHIP

5,000.

CARMEN MAGANA  
731 E 87TH ST  
LOS ANGELES, CA 90002

PAID TO A STUDENT FOR A COLLEGE SCHOLARSHIP.

2,000.

LORENA ULLOA  
6303 CONDON AVE  
LOS ANGELES, CA 90056

PAID TO A STUDENT FOR A COLLEGE SCHOLARSHIP.

2,000.

TOTAL CONTRIBUTIONS PAID

9,000.

ATTACHMENT 5PART II - OTHER EXPENSES

PROFESSIONAL FEES	2,091,061.
OPERATIONS/HOUSEKEEPING	486,584.
TRANSPORTATION, PUBLIC CONT.	1,152,231.
MATERIALS & SUPPLIES	311,417.
FOOD SERVICES	273,852.
NON CAPITALIZED EQUIPMENT	116,806.
SERVICES	1,045.
TEXTBOOKS	35,368.
RENTALS, LEASES, AND REPAIRS	142,625.
COMMUNICATIONS	64,037.
DIR/INDIR SUPPORT	174,282.
DUES AND MEMBERSHIPS	34,919.
TRAVEL EXPENSES	1,045.
LEGAL EXPENSES	69,412.
PENSION EXPENSE	946,862.
CONFERENCES	16,587.
ACCOUNTING EXPENSE	14,900.
EMPLOYEE BENEFITS	2,867,419.
OFFICE EXPENSES	121,362.
INFO. TECHNOLOGY	6,601.
INSURANCE	142,709.
TOTAL OTHER EXPENSES	<u>9,071,124.</u>

PALISADES CHARTER HIGH SCHOOL

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CA 199 SCHEDULE L - OTHER ASSETS

ATTACHMENT 6

DESCRIPTION

ENDING  
BOOK VALUE

RELATED PARTY RECEIVABLE  
PREPAID EXPENSES

28,429.  
45,645.

TOTALS

74,074.

CA 199 SCHEDULE L - OTHER LIABILITIES

ATTACHMENT 7

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DUE TO SPONSORING DISTRICT	838,027.
TOTALS	<u>838,027.</u>