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# Return of Organization Exempt From Income Tax

**2008**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning** 06/01, 2008, and ending 05/31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> THE LAMPLIGHTER SCHOOL Doing Business As		<b>D Employer identification number</b> 75-6059993
		Number and street (or P O box if mail is not delivered to street address) Room/suite 11611 INWOOD ROAD	<b>E Telephone number</b> (214) 369-9201	
<b>F Name and address of principal officer:</b> ARNOLD S. COHEN 11611 INWOOD ROAD DALLAS, TX 75229-3998		<b>G Gross receipts \$</b> 8,466,932.		<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>H(c) Group exemption number</b>
<b>J Website:</b> WWW.THELAMPLIGHTERSCHOOL.ORG		<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1967 <b>M State of legal domicile</b> TX

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>LAMPLIGHTER IS A NURTURING, CHILD-CENTERED COMMUNITY BUILT ON ACADEMIC AND PERSONAL EXCELLENCE, TRUST AND RESPECT FOR DIVERSITY IN EACH OTHER AND IN OUR SOCIETY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of employees (Part V, line 2a)	5	89
	6	Total number of volunteers (estimate if necessary)	6	350
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,078,037.	908,448.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,036,851.	6,688,285.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 9c, 10c, and 11e)	652,946.	169,529.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,730.	435,634.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,210,564.	8,201,896.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	186,120.	321,550.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,302,294.	4,911,374.
	16b	Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,237,614.	2,179,549.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,726,028.	7,412,473.
	19	Revenue less expenses Subtract line 18 from line 12	1,484,536.	789,423.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	19,330,872.	18,149,064.
	22	Net assets or fund balances Subtract line 21 from line 20	5,191,429.	4,554,154.
	22	Net assets or fund balances Subtract line 21 from line 20	14,139,443.	13,594,910.

**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.

**Sign Here**  
 Signature of officer: Arnold S. Cohen  
 Type or print name and title: ARNOLD S. COHEN, Head  
 Date: January 14, 2010

**Paid Preparer's Use Only**  
 Preparer's signature: Kelly Mlogan, CPA  
 Date: 1/13/10  
 Check if self-employed:   
 Preparer's identifying number (see instructions): P00548846  
 Firm's name (or yours if self-employed), address, and ZIP + 4: NICHOLAS & MONTGOMERY LLP  
12720 HILLCREST ROAD, SUITE 800 DALLAS, TX 75230-2081  
 EIN: 75-2852438  
 Phone no: 214-739-0888

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Handwritten marks: 1/1, 25

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

SEE STATEMENT 1

**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. \_\_\_\_\_) (Expenses \$ 5,482,938. including grants of \$ 321,550.) (Revenue \$ 6,688,285.)

EARLY CHILDHOOD LEARNING SCHOOL FOR 447 STUDENTS PREKINDERGARTEN THROUGH FOURTH GRADE.

**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 ► \$ 5,482,938. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 27 numbered questions regarding organizational requirements and schedules A through L.

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
34	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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
36	<b>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> . . . . .		X
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members, and Form 990 distribution.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
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.
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.





**Part VIII Statement of Revenue**

75-6059993

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	42,470.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	865,978.				
	g	Noncash contributions included in lines 1a-1f \$		21,334.				
	h	<b>Total. Add lines 1a-1f . . . . .</b>		<b>908,448.</b>				
Program Service Revenue	2a	TUITION	Business Code 900099	6,561,285.	6,561,285.			
	b	APPLICATION FEES	900099	127,000.	127,000.			
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total. Add lines 2a-2f . . . . .</b>		<b>6,688,285.</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		220,969.		220,969.		
	4	Income from investment of tax-exempt bond proceeds . . .		NONE		NONE		
	5	Royalties . . . . .		NONE		NONE		
	6a	Gross Rents . . . . .	(i) Real					
			(ii) Personal					
			b	Less rental expenses . . . . .				
			c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		NONE		NONE		
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	NONE				
			b	Less: cost or other basis and sales expenses . . . . .		51,440.		
			c	Gain or (loss) . . . . .		-51,440.		
	d	Net gain or (loss) . . . . .		-51,440.		-51,440.		
	8a	Gross income from fundraising events (not including \$ 42,470. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	517,308.				
			b	Less: direct expenses . . . . .		194,286.		
c			Net income or (loss) from fundraising events . . . . .		323,022.		323,022.	
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
		b	Less: direct expenses . . . . .					
		c	Net income or (loss) from gaming activities . . . . .		NONE		NONE	
10a	Gross sales of inventory, less returns and allowances . . . . .	a	26,828.					
		b	Less: cost of goods sold . . . . .		19,310.			
		c	Net income or (loss) from sales of inventory . . . . .		8,518.		8,518.	
Miscellaneous Revenue		Business Code						
11a	LPA ACTIVITIES	900099	68,717.	68,717.				
b	MISCELLANEOUS	900099	18,797.		18,797.			
c	CAMP INVENTION FEES	900099	8,280.	8,280.				
d	All other revenue . . . . .	900099	8,300.	8,300.				
e	<b>Total. Add lines 11a-11d . . . . .</b>		<b>104,094.</b>					
12	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		<b>8,201,896.</b>	<b>6,773,582.</b>		<b>519,866.</b>		

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	321,550.	321,550.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	503,335.		503,335.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	3,440,740.	2,836,402.	393,406.	210,932.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	221,675.	165,348.	46,525.	9,802.
9 Other employee benefits . . . . .	458,625.	337,460.	96,894.	24,271.
10 Payroll taxes . . . . .	286,999.	213,576.	57,526.	15,897.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	51,378.		51,378.	
c Accounting . . . . .	19,180.		19,180.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	17,509.		17,509.	
g Other . . . . .	10,525.		10,525.	
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	482,010.	406,130.	54,212.	21,668.
14 Information technology . . . . .	93,652.	28,914.	46,649.	18,089.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	135,466.	131,605.	3,075.	786.
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	45,741.		45,741.	
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	405,740.	394,177.	9,210.	2,353.
23 Insurance . . . . .	184,738.	179,473.	4,194.	1,071.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS AND MAINTENANCE -----	316,853.	307,822.	7,193.	1,838.
b PROFESSIONAL DEVELOPMENT -----	86,848.		85,524.	1,324.
c PARENTS' ASSOC OPERATING -----	72,409.	53,503.	18,192.	714.
d FACILITIES TECHNOLOGY -----	57,259.	55,627.	1,300.	332.
e MEDIA CENTER -----	32,398.	32,398.		
f All other expenses -----	167,843.	18,953.	118,228.	30,662.
25 Total functional expenses. Add lines 1 through 24f	7,412,473.	5,482,938.	1,589,796.	339,739.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 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>	1	Cash - non-interest-bearing . . . . .	1,277,761.	1	797,962.
	2	Savings and temporary cash investments . . . . .	4,625,793.	2	3,738,046.
	3	Pledges and grants receivable, net . . . . .	1,298,072.	3	1,131,779.
	4	Accounts receivable, net . . . . .	13,350.	4	17,913.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sales or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	14,568.	9	43,747.
	10a	Land, buildings, and equipment: cost basis . . . . .	10a 10,034,608.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 6,676,366.		
			3,555,442.	10c	3,358,242.
	11	Investments - publicly traded securities . . . . .	8,458,193.	11	8,988,875.
	12	Investments - other securities See Part IV, line 11 . . . . .		12	
	13	Investments - program-related See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
15	Other assets. See Part IV, line 11 . . . . .	87,693.	15	72,500.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,330,872.	16	18,149,064.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	745,526.	17	799,050.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	4,445,903.	19	3,675,886.
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	79,218.
	24	Unsecured notes and loans payable. . . . .		24	
	25	Other liabilities Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	5,191,429.	26	4,554,154.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	10,187,308.	27	9,131,363.
	28	Temporarily restricted net assets . . . . .	314,469.	28	83,967.
	29	Permanently restricted net assets. . . . .	3,637,666.	29	4,379,580.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33	<b>Total net assets or fund balances . . . . .</b>	14,139,443.	33	13,594,910.
	34	<b>Total liabilities and net assets/fund balances. . . . .</b>	19,330,872.	34	18,149,064.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 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? . . . . .	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	



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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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 1-3; 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: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 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 3 columns: Description, Numerator, Denominator. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Numerator, Denominator. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. 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.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

THE LAMPLIGHTER SCHOOL

75-6059993

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table for Conservation Easements. Row 1: Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). Row 2: Complete lines 2a-2d if organization held a qualified conservation contribution. Sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d. Rows 3-9: Number of easements modified, states where property is located, monitoring policy, staff hours, expenses, and reporting requirements.

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.

Table for Collections of Art, Historical Treasures, or Other Similar Assets. Rows 1a, 1b: Reporting requirements for art, historical treasures, or other similar assets. Row 2: Reporting requirements for works of art, historical treasures, or other similar assets held for public exhibition, education, or research. Sub-rows a, b for revenues and assets.

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if 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:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 34.0000 %
b Permanent endowment 66.0000 %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

**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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
-----		
-----		
-----		
-----		
-----		
-----		
<b>Total.</b> (Column (b) should 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
<b>Total.</b> (Column (b) should 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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

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



**Part XIV** Supplemental Information (continued)

FUNDRAISING EVENT EXPENSES

SCHEDULE D, PART XII, LINE 2D AND PART XII, LINE 2D

NETTED WITH FUNDRAISING EVENT REVENUES ON STATEMENT OF REVENUE, REPORTED

AS SEPARATE EXPENSE ITEM ON AUDITED FINANCIAL STATEMENTS.

FINANCIAL AID TO STUDENTS

SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 4B

TUITION IS REPORTED ON AUDITED FINANCIAL STATEMENTS NET OF FINANCIAL AID

TO STUDENTS, REPORTED AS SEPARATE EXPENSE ON FUNCTIONAL EXPENSE

STATEMENT.

UNDERWRITING CONTRIBUTIONS

SCHEDULE D, PART XI, LINE 8

UNDERWRITING CONTRIBUTIONS ARE INCLUDED ON THIS RETURN, BUT NOT ON THE

FINANCIAL STATEMENTS.

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

**Schools**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

THE LAMPLIGHTER SCHOOL

Employer identification number

75-6059993

		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? . . . . .	X	
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? . . . . .	X	
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 . . . . . <u>IT IS THE POLICY OF THE SCHOOL NOT TO DISCRIMINATE IN ADMISSIONS OR AN OTHER PROGRAM ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN. THIS STATEMENT OF POLICY IS INCLUDED IN ANNUAL NEWSPAPER ADS, IN ALL PRINTED BROCHURES AND ITS WEBSITE.</u>	X	
4	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	X	
5	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges? . . . . .		X
b	Admissions policies? . . . . .		X
c	Employment of faculty or administrative staff? . . . . .		X
d	Scholarships or other financial assistance? . . . . .		X
e	Educational policies? . . . . .		X
f	Use of facilities? . . . . .		X
g	Athletic programs? . . . . .		X
h	Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
6a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		X
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement		
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," attach an explanation	X	



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))		
		AUCTION <small>(event type)</small>	PIZZA LUNCH <small>(event type)</small>	<u>1</u> <small>(total number)</small>			
Revenue	1	Gross receipts	446,603.	52,200.	16,728.	515,531.	
	2	Less: Charitable contributions	42,470.			42,470.	
	3	Gross revenue (line 1 minus line 2)	404,133.	52,200.	16,728.	473,061.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Other direct expenses	164,770.	21,348.	8,168.	194,286.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					( 194,286. )
	9	Net income summary. Combine lines 3 and 8 in column (d)					278,775.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo		(b) Pull tabs/Instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (Add col (a) through col (c))	
		Yes	No	Yes	No	Yes	No		
Revenue	1	Gross revenue							
Direct Expenses	2	Cash prizes							
	3	Non-cash prizes							
	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor		Yes _____ % No	Yes _____ % No	Yes _____ % No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)							( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)							

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain:	9a	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in.

<b>a</b> The organization's facility . . . . .	<b>13 a</b>	%
<b>b</b> An outside facility . . . . .	<b>13 b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_  
**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  
**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
13 a		
13 b		
14		
15 a		
16		
17 a		





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization <b>THE LAMPLIGHTER SCHOOL</b>	Employer identification number <b>75-6059993</b>
---	---

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|---|

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARNIE COHEN	(i) 222,268	NONE	NONE	33,405	NONE	255,673	220,000
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **THE LAMPLIGHTER SCHOOL** Employer Identification number: **75-6059993**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(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			
DAVID BENNERS TRUSTEE	1.	X					NONE	NONE	NONE	
BRETT BLAKEY TRUSTEE	1.	X					NONE	NONE	NONE	
DAVID CAMPBELL TRUSTEE	1.	X					NONE	NONE		
LAURA COLE TRUSTEE	1.	X					NONE	NONE		
HOPE CRAMM TREASURER	1.	X		X			NONE	NONE		
ANGELA CRATES TRUSTEE	1.	X					NONE	NONE		
PAT CROW TRUSTEE	1.	X					NONE	NONE		
BOB FIRTH TRUSTEE	1.	X					NONE	NONE		
NEIL FOOTE TRUSTEE	1.	X					NONE	NONE		
JACK FOXWORTH CHAIR	5.	X		X			NONE	NONE		
JUDY GASS TRUSTEE	1.	X					NONE	NONE		
JOHN GRIMES TRUSTEE	1.	X					NONE	NONE		
KIRSTEN KERRIGAN TRUSTEE	1.	X					NONE	NONE		
LISA KRAUS SECRETARY	1.	X		X			NONE	NONE		
RAYNA LOEB TRUSTEE	1.	X					NONE	NONE		
ELISE MEADOWS TRUSTEE	1.	X					NONE	NONE		
DAVID MILLER TRUSTEE	1.	X					NONE	NONE		
JENNIFER MOSLE TRUSTEE	1.	X					NONE	NONE		
TED NUREE TRUSTEE	1.	X					NONE	NONE		
TIM PERKINS TRUSTEE	1.	X					NONE	NONE		
KAREN POLLOCK VICE CHAIR	5.	X		X			NONE	NONE		

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

Schedule J-2 (Form 990) 2008



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

THE LAMPLIGHTER SCHOOL

Employer identification number

75-6059993

PROCESS USED TO REVIEW FORM 990  
PART VI, SECTION A, LINE 10  
THE FORM 990 IS REVIEWED BY A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF  
THE ORGANIZATION'S BOARD OF TRUSTEES. THE FINAL REVIEW OF THE 990 WILL BE  
PERFORMED BY THE EXECUTIVE COMMITTEE. COPIES OF THE 990 WILL BE AVAILABLE  
FOR ALL THE BOARD MEMBERS TO REVIEW.

Name of the organization

Employer identification number

THE LAMPLIGHTER SCHOOL

75-6059993

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12

THE ORGANIZATION'S BUSINESS MANAGER IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND CONFLICT OF INTEREST COMPLIANCE, DISCLOSURE AND RESOLUTION PROCEDURES. THE BUSINESS MANAGER SHALL DISCLOSE TO THE AUDIT COMMITTEE ALL CONFLICTS OF INTEREST REPORTED TO HIM OR HER UNDER THESE CONFLICT OF INTEREST COMPLIANCE, DISCLOSURE AND RESOLUTION PROCEDURES. CURRENTLY, THE TREASURER OF THE BOARD OF TRUSTEES ACTS AS THE SOLE COMMITTEE MEMBER OF THE AUDIT COMMITTEE WITH COUNSEL FROM BOTH THE CHAIR AND VICE-CHAIR OF THE BOARD. THE AUDIT COMMITTEE WILL EVALUATE THE DISCLOSURES TO DETERMINE WHETHER THEY INVOLVE ACTUAL CONFLICTS OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT FROM THE SITUATION. THE PROCEDURES FOR ACTING ON CONFLICT OF INTEREST TRANSACTIONS ARE OUTLINED IN THE CONFLICT OF INTEREST COMPLIANCE, DISCLOSURE AND RESOLUTION PROCEDURES FOR THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES.

Name of the organization

Employer identification number

THE LAMPLIGHTER SCHOOL

75-6059993

DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15

THE HEAD OF THE SCHOOL'S CONTRACT STIPULATES THAT THE EMPLOYEE'S

PERFORMANCE THROUGHOUT THE TERM SHALL BE EVALUATED IN ACCORDANCE WITH THE

FOLLOWING PROCEDURES:

THE HEAD EVALUATION COMMITTEE SHALL MEET WITH THE EMPLOYEE ANNUALLY

BETWEEN APRIL 1 AND JUNE 30 FOR THE PURPOSE OF FORMULATING THE EMPLOYEE'S

GOALS FOR THE FOLLOWING ACADEMIC YEAR, AND THE RESULTS OF SUCH MEETING

WILL BE REPORTED TO THE EXECUTIVE COMMITTEE.

THE HEAD EVALUATION COMMITTEE SHALL MEET WITH THE EMPLOYEE ANNUALLY

BETWEEN APRIL 1 AND JUNE 30 FOR THE PURPOSE OF GIVING THE EMPLOYEE AN

EVALUATION OF HIS PERFORMANCE FOR THE PRECEDING ACADEMIC YEAR, AND THE

RESULTS OF SUCH MEETING WILL BE REPORTED TO THE EXECUTIVE COMMITTEE.

WHILE NOT STIPULATED IN THE HEAD OF SCHOOL'S CONTRACT, WE HAVE REPORTED

TO THE BOARD ABOUT RENEWALS FOR KEY EMPLOYEES. THE HEAD OF SCHOOL, DURING

THE BUDGET PROCESS, APPLIES THE SAME RAISE AS OTHER ADMINISTRATORS AND

ADJUSTS BASE SALARIES WITH COMPARATIVE INFORMATION FROM OTHER SCHOOLS.

THIS TYPE OF ADJUSTMENT HAS OCCURRED RARELY, MOST RECENTLY IN THE FALL OF

2008 AND WAS REVIEWED BY THE EXECUTIVE COMMITTEE. COMPARABLE SALARY DATA

FROM I.S.A.S. HEAD OF SCHOOLS COMPENSATION ANNUAL SURVEY IS ALSO USED

DURING THE PROCESS.

Name of the organization

Employer identification number

THE LAMPLIGHTER SCHOOL

75-6059993

DISCLOSURE OF DOCUMENTS

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE ON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

LAMPLIGHTER IS A NURTURING, CHILD-CENTERED COMMUNITY BUILT ON  
ACADEMIC AND PERSONAL EXCELLENCE, TRUST AND RESPECT FOR DIVERSITY IN  
EACH OTHER AND IN OUR SOCIETY. LAMPLIGHTER INSPIRES LIFE-LONG  
LEARNERS WHO ARE SELF CONFIDENT, SELF RELIANT, AND CREATIVE CRITICAL  
THINKERS.

All Business Activities
Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service (99)

Attach to your tax return. See separate instructions.

Name(s) shown on return

Identifying number

The Lamplighter School

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 2: 2009 Retirements, Various, 5/31/09.

3 Gain, if any, from Form 4684, line 45

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows:

7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions).

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss).

11 Loss, if any, from line 7

11

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 36 and 44a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions.

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.

18b

For Paperwork Reduction Act Notice, see separate instructions.

**All Business Activities**

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>These columns relate to the properties on lines 19A - 19D.</b>	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>	<b>Property D</b>
<b>20</b> Gross sales price (Note: See line 1 before completing)	<b>20</b>			
<b>21</b> Cost or other basis plus expense of sale	<b>21</b>			
<b>22</b> Depreciation (or depletion) allowed or allowable	<b>22</b>			
<b>23</b> Adjusted basis Subtract line 22 from line 21	<b>23</b>			
<b>24</b> Total gain Subtract line 23 from line 20	<b>24</b>			
<b>25 If section 1245 property:</b>				
<b>a</b> Depreciation allowed or allowable from line 22	<b>25a</b>			
<b>b</b> Enter the smaller of line 24 or 25a	<b>25b</b>			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
<b>a</b> Additional depreciation after 1975 (see instructions)	<b>26a</b>			
<b>b</b> Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	<b>26b</b>			
<b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	<b>26c</b>			
<b>d</b> Additional depreciation after 1969 and before 1976	<b>26d</b>			
<b>e</b> Enter the smaller of line 26c or 26d	<b>26e</b>			
<b>f</b> Section 291 amount (corporations only)	<b>26f</b>			
<b>g</b> Add lines 26b, 26e, and 26f	<b>26g</b>			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
<b>a</b> Soil, water, and land cleaning expenses	<b>27a</b>			
<b>b</b> Line 27a multiplied by applicable percentage (see instructions)	<b>27b</b>			
<b>c</b> Enter the smaller of line 24 or 27b	<b>27c</b>			
<b>28 If section 1254 property:</b>				
<b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	<b>28a</b>			
<b>b</b> Enter the smaller of line 24 or 28a	<b>28b</b>			
<b>29 If section 1255 property:</b>				
<b>a</b> Applicable percentage of payments excluded from income under section 126 (see instructions)	<b>29a</b>			
<b>b</b> Enter the smaller of line 24 or 29a (see instructions)	<b>29b</b>			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties Add property columns A through D, line 24	<b>30</b>	
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	<b>31</b>	
<b>32</b> Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
<b>34</b> Recomputed depreciation (see instructions)	<b>34</b>	
<b>35</b> Recapture amount Subtract line 34 from line 33 See the instructions for where to report	<b>35</b>	

# Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**The Lamplighter School**

Identifying number

Business or activity to which this form relates

**All Business Activities**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.00																											
2 Total cost of section 179 property placed in service (see instructions)	2																												
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.00																											
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4																												
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">(a) Description of property</th> <th style="width: 25%;">(b) Cost (business use only)</th> <th style="width: 25%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property Enter the amount from line 29</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property Enter the amount from line 29	7		8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		9 Tentative deduction Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	
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**Note: Do not use Part II or Part III below for listed property. Instead, use Part V**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	69,407.26
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	41,948.92

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		9,822.50	7.0	HY	200DB	1,403.21
d 10-year property						
e 15-year property		59,584.74	15.0	HY	150DB	2,979.24
f 20-year property						
g 25-year property			25 yrs		SL	
h Residential rental property			27.5 yrs	MM	SL	
			27.5 yrs	MM	SL	
i Nonresidential real property			39 yrs	MM	SL	
				MM	SL	

**Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					
b 12-year			12 yrs		SL
c 40-year			40 yrs	MM	SL

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	115,738.63
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		
26 Property used more than 50% in a qualified business use										
		%								
		%								
27 Property used 50% or less in a qualified business use										
		%				S/L-				
		%				S/L-				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1									29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

## Form 4562 Worksheet

FYE: 5/31/2009

## All Business Activities

## Part II - Special Depreciation Allowance and Other Depreciation

Asset	Property Description	Tax Method	Tax Basis After 179	Tax Bonus Amt
<u>Special Depreciation Allowance</u>				
895	Carpet/Fine Arts Wing Upstairs	MACRS	20,412.10	10,206 05
896	Conference Room/ Upstairs Remod	MACRS	19,278 39	9,639 20
897	Motor Gym Wall Padding	MACRS	8,789 00	4,394 50
898	Restrooms/ Auditorium Remodel	MACRS	22,495 76	11,247.88
899	Doors & Barn	MACRS	5,475.84	2,737 92
900	Wireless Network	MACRS	19,645 00	9,822 50
901	Gates, Electronic (3 Entrances)	MACRS	23,663 26	11,831.63
902	Ductwork for Facilities air unit, rev	MACRS	4,912 98	2,456 49
903	Water Heater (100 gallon)/Fine Art	MACRS	4,821 17	2,410.59
904	Cistern, Animal Yard	MACRS	9,321.00	4,660.50
			<u>138,814 50</u>	<u>69,407 26</u>

Asset	(a) Property Description	(b) Date In Service	(c) Tax Basis	(d) Prior Depreciation	(e) Tax Method	(f) Tax Period	(g) Tax Depr Deduction
<u>ACRS and/or Other Depreciation</u>							
905	Apple Laptops (24 Leased)	6/15/08	121,166 32	0 00	S/L	3.0	41,948.92
			<u>121,166 32</u>				<u>41,948.92</u>

## Part III - MACRS Depreciation

Asset	(a) Property Description	(b) Date In Service	(c) Tax Depr Basis	(d) Tax Period	(e) Tax Convention	(f) Tax Method	(g) Tax Depr Deduction
<u>7 Year Property</u>							
900	Wireless Network	6/30/08	9,822 50	7.0	Half year	200DB	1,403 21
			<u>9,822 50</u>				<u>1,403.21</u>
<u>15 Year Property</u>							
895	Carpet/Fine Arts Wing Upstairs	6/18/08	10,206 05	15 0	Half year	150DB	510 30
896	Conference Room/ Upstairs Remod	7/31/08	9,639 19	15 0	Half year	150DB	481.96
897	Motor Gym Wall Padding	8/15/08	4,394 50	15 0	Half year	150DB	219 73
898	Restrooms/ Auditorium Remodel	8/31/08	11,247.88	15 0	Half year	150DB	562.39
899	Doors & Barn	6/17/08	2,737 92	15 0	Half year	150DB	136 90
901	Gates, Electronic (3 Entrances)	7/31/08	11,831 63	15.0	Half year	150DB	591 58
902	Ductwork for Facilities air unit, rev	12/12/08	2,456 49	15 0	Half year	150DB	122.82
903	Water Heater (100 gallon)/Fine Art	4/15/09	2,410 58	15.0	Half year	150DB	120.53
904	Cistern, Animal Yard	4/30/09	4,660 50	15 0	Half year	150DB	233.03
			<u>59,584 74</u>				<u>2,979 24</u>

**Form 4562 Part III Worksheet**  
**All Business Activities**

FYE: 5/31/2009

Asset	Property Description	Tax Cost	Bus Pct	Bus Portion of Cost	Tax CY Sec 179 Expense	Tax CY Bonus Ded	Tax Depr Basis	Tax Current Depreciation	Tax CY Sec 179 Expense	Tax CY Bonus Ded	Tax Depr Deduction
<u>7 Year Property</u>											
900	Wireless Network	19,645.00	100.00	19,645.00	0.00	9,822.50	9,822.50	11,225.71	0.00	9,822.50	1,403.21
		<u>19,645.00</u>		<u>19,645.00</u>	<u>0.00</u>	<u>9,822.50</u>	<u>9,822.50</u>	<u>11,225.71</u>	<u>0.00</u>	<u>9,822.50</u>	<u>1,403.21</u>
<u>15 Year Property</u>											
895	Carpet/Fine Arts Wing Upstairs	20,412.10	100.00	20,412.10	0.00	10,206.05	10,206.05	10,716.35	0.00	10,206.05	510.30
896	Conference Room/ Upstairs Remox	19,278.39	100.00	19,278.39	0.00	9,639.20	9,639.19	10,121.16	0.00	9,639.20	481.96
897	Motor Gym Wall Padding	8,789.00	100.00	8,789.00	0.00	4,394.50	4,394.50	4,614.23	0.00	4,394.50	219.73
898	Restrooms/ Auditorium Remodel	22,495.76	100.00	22,495.76	0.00	11,247.88	11,247.88	11,810.27	0.00	11,247.88	562.39
899	Doors & Barn	5,475.84	100.00	5,475.84	0.00	2,737.92	2,737.92	2,874.82	0.00	2,737.92	136.90
901	Gates, Electronic (3 Entrances)	23,663.26	100.00	23,663.26	0.00	11,831.63	11,831.63	12,423.21	0.00	11,831.63	591.58
902	Ductwork for Facilities air unit, re	4,912.98	100.00	4,912.98	0.00	2,456.49	2,456.49	2,579.31	0.00	2,456.49	122.82
903	Water Heater (100 gallon)/Fine Ar	4,821.17	100.00	4,821.17	0.00	2,410.59	2,410.59	2,531.12	0.00	2,410.59	120.53
904	Cistern, Animal Yard	9,321.00	100.00	9,321.00	0.00	4,660.50	4,660.50	4,893.53	0.00	4,660.50	233.03
		<u>119,169.50</u>		<u>119,169.50</u>	<u>0.00</u>	<u>59,584.76</u>	<u>59,584.74</u>	<u>62,564.00</u>	<u>0.00</u>	<u>59,584.76</u>	<u>2,979.24</u>

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of Exempt Organization <b>THE LAMPLIGHTER SCHOOL</b>	Employer identification number <b>75-6059993</b>
	Number, street, and room or suite no If a P O box, see instructions <b>11611 INWOOD ROAD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>DALLAS, TX 75229-3098</b>	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► ELISE MURPHY

Telephone No ► 214 369-9201 FAX No ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

- calendar year \_\_\_\_\_ or
- tax year beginning 06/01, 2008, and ending 05/31, 2009

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**