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Form 990

Department of the Treasury  
Internal Revenue Service

## 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

2008

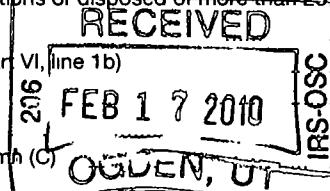
Open to Public  
Inspection

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable		C Name of organization <b>THE ATRIUM SCHOOL, INC.</b>		D Employer identification number <b>04-2768241</b>	
<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 Doing Business As		See Specific Instructions	
				Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
				<b>69 GROVE STREET</b>	
				City or town, state or country, and ZIP + 4	
				<b>WATERTOWN, MA 02472</b>	
F Name and address of principal officer: <b>SILVIA NERSSESSIAN</b> <b>SAME AS C ABOVE</b>					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ► <b>WWW.ATRIUM.ORG</b>					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1982</b> M State of legal domicile: <b>MA</b>					

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE EDUCATION TO CHILDREN FROM PRE-KINDERGARTEN TO GRADE 6 IN PREPARATION FOR SECONDARY</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
Expenses	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	25
Net Assets or Fund Balances	7a Total gross unrelated business revenue from Part VIII, line 12, column (c)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	<b>572,533.</b>	<b>190,113.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>1,795,652.</b>	<b>1,555,578.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,882.</b>	<b>5,268.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>42,411.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,375,067.</b>	<b>1,793,370.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>361,260.</b>	<b>310,020.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,126,007.</b>	<b>727,676.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>20,974.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,034,943.</b>	<b>996,996.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,522,210.</b>	<b>2,034,692.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>-147,143.</b>	<b>-241,322.</b>
		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	<b>3,755,897.</b>	<b>3,617,237.</b>
	21 Total liabilities (Part X, line 26)	<b>2,346,025.</b>	<b>2,465,252.</b>
	22 Net assets or fund balances Subtract line 21 from line 20	<b>1,409,872.</b>	<b>1,151,985.</b>

## Part II Signature Block

Sign Here	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.			
	 Signature of officer <b>SILVIA NERSSESSIAN, TREASURER</b> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ►  <b>MILLER WACHMAN LLP</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>10 ST. JAMES AVENUE, 16TH FLOOR</b> <b>BOSTON, MA 02116</b>	Date <b>02/11/10</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ►
				Phone no. ► <b>617-338-6800</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

1 Briefly describe the organization's mission

**TO PROVIDE EDUCATION TO CHILDREN FROM PRE-KINDERGARTEN TO GRADE 6 IN PREPARATION FOR SECONDARY SCHOOLS.**

**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 \$ 1,577,395. including grants of \$ 310,020.) (Revenue \$ 1,588,339.)  
INSTRUCTION AND EDUCATION: PROVIDING FORMAL EDUCATION TO 80 STUDENTS  
FROM PRE-KINDERGARTEN TO GRADE 6 IN A CO-EDUCATIONAL SETTING.

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 ► \$ 1,577.395. (Must equal Part IX, Line 25, column (B))

## Part IV Checklist of Required Schedules

	Yes	No
1		
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10	X	
11	X	
12		X
13	X	
14a		X
b		X
15		X
16		X
17		X
18		X
19		X
20		X
21		X
22	X	
23		X
24a		X
b		
c		
d		
25a		X
b		
26		
27		X

## 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)? If "Yes," complete Schedule L, Part IV	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a		7	
1b		0	
1c	X		
2a		31	
2b	X		
3a		X	
3b			
4a	X		
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
b	N/A	12b	

**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**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b 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?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?	15a	X
b Other officers or key employees of the organization?	15b	X
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?	16a	X
b 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?	16b	

**Section C. Disclosure**

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

<input type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request
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- 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: ► THE ORGANIZATION - 617-923-4156  
69 GROVE STREET, WATERTOWN, MA 02472

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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.

(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	
DONALD MAYER CHAIRMAN	3.00	X	X				0.	0.
JAMES NEWMAN VICE CHAIRMAN	3.00	X	X				0.	0.
KRISTINA LUKAS TREASURER	3.00	X	X				0.	0.
TARA KEPPLER CLERK	3.00	X	X				0.	0.
EDIE JIRAK TRUSTEE	3.00	X					0.	0.
VIRGINIA KAHN TRUSTEE	3.00	X					0.	0.
MERRY MURRAY MEADE TRUSTEE	3.00	X				57,801.	0.	1,631.
LIZ PEREKRESTS TRUSTEE	3.00	X				41,087.	0.	7,439.
STEVEN WEBSTER TRUSTEE	3.00	X				0.	0.	0.
JEANIE CARSON TRUSTEE	3.00	X				0.	0.	0.
JUDY HIGBEA TRUSTEE	3.00	X				0.	0.	0.
REBECCA LUBENS TRUSTEE	3.00	X				0.	0.	0.
SUSAN DILLER CO-EXECUTIVE DIRECTOR	40.00		X			35,898.	0.	5,263.
LINDA ECHT CO-EXECUTIVE DIRECTOR	40.00		X			77,519.	0.	8,445.

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

**1b Total**

1

212,305.

0

22,778.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4                    x

5 Did any person listed on line 1a receive or accrue compensation from the organization? If "Yes," complete Schedule J for such person.

5 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. **NONE**

the organization **NONE**

The organization	Name	(A)	Name and business address	(B)	Description of services	(C)	Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

0

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## Part VIII Statement of Revenue

		(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	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	190,113.		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		190,113.		
Program Service Revenue	2 a TUITION REVENUE	Business Code			
	b PROGRAM AND OTHER FEES	900099	1,399,710.	1,399,710.	
	c	900099	155,868.	155,868.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,555,578.		
	3 Investment income (including dividends, interest, and other similar amounts)		5,268.		
	4 Income from investment of tax-exempt bond proceeds				
5 Royalties					
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses	9,650.				
c Rental income or (loss)	9,650.				
d Net rental income or (loss)		►	9,650.		9,650.
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	45,172.			
b Less: direct expenses	b	12,411.			
c Net income or (loss) from fundraising events		►	32,761.	32,761.	
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		►	1,793,370.	1,588,339.	0. 14,918.

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	310,020.	310,020.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	269,243.	111,916.	157,327.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	376,073.	334,299.	41,774.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,910.	3,910.		
9 Other employee benefits	24,989.	23,782.	1,207.	
10 Payroll taxes	53,461.	35,872.	17,589.	
11 Fees for services (non-employees):				
a Management	265.		265.	
b Legal				
c Accounting	21,860.		21,860.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,211.		3,211.	
12 Advertising and promotion	9,438.		9,438.	
13 Office expenses	12,432.	11,189.	1,243.	
14 Information technology				
15 Royalties				
16 Occupancy	397,760.	365,144.	32,616.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	47,214.	47,214.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	192,016.	172,814.	19,202.	
23 Insurance				
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 <b>CONSULTANTS</b>	95,517.	0.	95,517.	
b <b>FACULTY SUPPORT</b>	35,610.	35,610.		
c <b>UTILITIES</b>	34,034.	31,243.	2,791.	
d <b>STUDENT EXPENSES</b>	24,759.	24,759.		
e <b>EQUIPMENT RENTAL</b>	22,054.	19,849.	2,205.	
f All other expenses	100,826.	49,774.	30,078.	20,974.
25 Total functional expenses. Add lines 1 through 24f	2,034,692.	1,577,395.	436,323.	20,974.
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
Assets	1 Cash - non-interest-bearing	234,772.	1	268,023.
	2 Savings and temporary cash investments	109,202.	2	158,748.
	3 Pledges and grants receivable, net	17,600.	3	1,000.
	4 Accounts receivable, net	18,311.	4	12,658.
	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 sale or use		8	
	9 Prepaid expenses and deferred charges	4,047.	9	
	10a Land, buildings, and equipment: cost basis	10a 3,808,512.		
	b Less. accumulated depreciation. Complete Part VI of Schedule D	10b 760,081.	3,230,742.	10c 3,048,431.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	97,223.	12	84,377.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	44,000.	15	44,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>3,755,897.</b>	<b>16</b>	<b>3,617,237.</b>	
Liabilities	17 Accounts payable and accrued expenses	318,671.	17	328,070.
	18 Grants payable		18	
	19 Deferred revenue	333,841.	19	396,615.
	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	1,250,000.	22	1,250,000.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	443,513.	25	490,567.
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>2,346,025.</b>	<b>26</b>	<b>2,465,252.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,249,244.	27	1,006,795.
	28 Temporarily restricted net assets	130,628.	28	115,190.
	29 Permanently restricted net assets	30,000.	29	30,000.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	1,409,872.	33	1,151,985.
	34 Total liabilities and net assets/fund balances	3,755,897.	34	3,617,237.

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

    b Were the organization's financial statements audited by an independent accountant?

    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?

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?

    b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

## Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

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

**2008**  
Open to Public  
Inspection

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**Name of the organization**

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**Employer identification number**

THE ATRIUM SCHOOL, INC.

04-2768241

**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 (Please check only one organization.)**

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)**. (Attach Schedule H.)  
 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 the Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)  
 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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

I HAVE

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

**Schedule A (Form 990 or 990-EZ) 2008**

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc (see instructions)</b>					12	

**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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 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)						

**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**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
<b>19a 33 1/3% support tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

THE ATRIUM SCHOOL, INC.

Employer identification number  
**04-2768241**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**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.

	Amount
1c	
1d	
1e	
1f	

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	30,000.				
b Contributions	2,601.				
c Investment earnings or losses	-2,601.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,000.				

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

a Board designated or quasi-endowment ► \_\_\_\_\_%

b Permanent endowment ► 100.00 %

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

Yes	No
3a(i)	X
3a(ii)	X
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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	3,419,099.	426,282.	2,992,817.	
d Equipment	389,413.	333,799.	55,614.	
e Other				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 3,048,431.

**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 _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		
<b>Part VIII Investments - Program Related.</b> 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
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

**Total. (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><u>TUITION DEPOSITS</u></b>	<b>39,600.</b>
<b><u>DEFERRED RENT</u></b>	<b>450,967.</b>

Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )

490,567

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

1	1,793,370.
2	2,034,692.
3	-241,322.
4	-16,565.
5	
6	
7	
8	
9	-16,565.
10	-257,887.

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

1	1,479,196.
2	
2a	-16,565.
2b	
2c	
2d	12,411.
2e	-4,154.
3	1,483,350.
4	
4a	
4b	310,020.
4c	310,020.
5	1,793,370.

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

1	1,737,083.
2	
2a	
2b	
2c	
2d	12,411.
2e	12,411.
3	1,724,672.
4	
4a	
4b	310,020.
4c	310,020.
5	2,034,692.

**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, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE SCHOOL'S ENDOWMENT FUNDS ARE TO PROVIDE SUPPORT****FOR THE OPERATIONS OF THE SCHOOL THROUGH RETURNS PROVIDED BY ENDOWMENT****INVESTMENT INCOME AND REALIZED AND UNREALIZED ENDOWMENT INVESTMENT****RETURNS. THE ENDOWMENT FUND IS TO SUPPORT MATHEMATICS.****PART XII, LINE 2D - OTHER ADJUSTMENTS:****FUNDRAISING EVENTS INCLUDED ON PART VIII, LINE 8B: 12411.**

**Part XIV Supplemental Information (continued)**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**FINANCIAL AID: 310020.**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EVENTS INCLUDED ON PART VIII, LINE 8B: 12411.**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**FINANCIAL AID: 310020.**

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

Department of the Treasury  
Internal Revenue Service

**Schools**

OMB No. 1545-0047

► 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.

**2008**  
Open to Public  
Inspection

Name of the organization

**THE ATRIUM SCHOOL, INC.**

Employer identification number  
**04-2768241**

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?
- 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?
- 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

**ON AN ANNUAL BASIS, THE ATRIUM SCHOOL PUBLISHES ITS COMMITMENT  
TO MAINTAINING AND RECRUITING STUDENT AND STAFF DIVERSITY  
THROUGH SEVERAL PERIODICALS AND BOOKLETS CREATED BY THE SCHOOL  
FOR CURRENT AND POTENTIAL STUDENTS AND PARENTS.**

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- 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.)

	1	X
	2	X
	3	X
	4a	X
	4b	X
	4c	X
	4d	X
	5a	X
	5b	X
	5c	X
	5d	X
	5e	X
	5f	X
	5g	X
	5h	X

- 5 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

	6a	X
	6b	X
	7	X

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- 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

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

Schedule E (Form 990 or 990-EZ) 2008

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**  
Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Name of the organization

**Employer identification number**  
**04-2768241**

## THE ATRIUM SCHOOL, INC.

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations e  Solicitation of non-government grants
- b  Email solicitations f  Solicitation of government grants
- c  Phone solicitations g  Special fundraising events
- d  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

**Total**

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

**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>AUCTION</b> (event type)	(b) Event #2 <b>PIZZA LUNCH</b> (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts	33,580.	10,283.	1,309.	45,172.
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	33,580.	10,283.	1,309.	45,172.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	6,449.	4,653.	1,309.	12,411.
8 Direct expense summary Add lines 4 through 7 in column (d)			►	( 12,411.)
9 Net income summary. Combine lines 3 and 8 in column (d)			►	32,761.

**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))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)			►	

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:  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," Explain:  
\_\_\_\_\_  
\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

	Yes	No
13a	%	
13b	%	

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

15a

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?

17a

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 ► \$ \_\_\_\_\_

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

Editor, total number of sections: 301; (S) (S) 20

3. Enter total number of other organizations  
for each activity.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	39	310,020.		0	FAIR MARKET VALUE

**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

הנִזְבְּנָה בְּבִנְיָמִינָה וְבְנִזְבְּנָה

ECOP NEED BASED FINANCIAL AID  
THE SCHOOL MAINTAINS FILES ON EACH SUCCESSFUL CANDIDATE

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

Department of the Treasury  
Internal Revenue Service

## **Transactions with Interested Persons**

OMB No 1545-0047

**2008**  
Open To Public  
Inspection

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**Name of the organization**

**Employer identification number**  
**04-2768241**

**Name of the organization** THE ATRIUM SCHOOL, INC.

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▼ \$  
▼ \$

**Part II      Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

**Total** ► \$ 1,250,000.

### **Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV | Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

**Schedule L (Form 990 or 990-EZ) 2008**

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**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 ATRIUM SCHOOL, INC.

Employer identification number  
04-2768241

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**  
**SCHOOLS.**

**FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS DELIVERED TO THE  
BOARD OF TRUSTEES VIA PDF.**

**FORM 990, PART VI, SECTION B, LINE 12C: EACH INTERESTED PERSON MUST SIGN  
AN ANNUAL STATEMENT WHICH ACKNOWLEDGES THAT THEY HAVE RECEIVED A COPY OF  
THE CONFLICT OF INTEREST POLICY, UNDERSTAND IT, AND WILL COMPLY WITH THE  
POLICY, AND STATE WHETHER OR NOT THEY HAVE A POTENTIAL CONFLICT OF  
INTEREST, AND LIST ANY SUCH POTENTIAL CONFLICTS OF INTEREST. POTENTIAL  
CONFLICTS OF INTEREST THAT ARISE AFTER THE ANNUAL STATEMENT HAS BEEN  
SUBMITTED WILL BE DISCLOSED IMMEDIATELY.**

**FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES DETERMINES  
THE SALARY OF THE CO-EXECUTIVE DIRECTORS. THE TRUSTEES RELY ON COMPARATIVE  
DATA PROVIDED BY OTHER SCHOOLS. DOCUMENTATION OF THE BASIS OF  
DETERMINATION OF THE SALARIES IS KEPT ON FILE.**

**FORM 990, PART VI, SECTION C, LINE 18: ALL DOCUMENTS ARE AVAILABLE TO THE  
PUBLIC ON REQUEST**

**FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE  
PUBLIC ON REQUEST.**

**FORM 990, PART XI, LINE 2C:**

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1345-0047

**2008**Open to Public  
Inspection

Name of the organization

THE ATRIUM SCHOOL, INC.Employer identification number  
04-2768241

YES: THERE HAVE BEEN NO CHANGES IN THE COMMITTEE'S RESPONSIBILITY FOR  
THE OVERSIGHT OF THE AUDIT.

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**(A) NAME OF PERSON: DONALD MAYER(A) PURPOSE OF LOAN: CAPITAL CONSTRUCTION(A) NAME OF PERSON: JAMES NEWMAN(A) PURPOSE OF LOAN: CAPITAL CONSTRUCTION**FORM 990, PART VII, LINE 1A:**

TWO OF THE TRUSTEES LISTED ARE PAID AS TEACHERS AT THE SCHOOL AND NOT  
AS A TRUSTEE OF THE SCHOOL.

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
- 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*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	<b>THE ATRIUM SCHOOL, INC.</b>	<b>04-2768241</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>69 GROVE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WATERTOWN, MA 02472</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 ORGANIZATION**

- The books are in the care of ► **69 GROVE STREET - WATERTOWN, MA 02472**

Telephone No. ► **617-923-4156** 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 **FEBRUARY 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 **JUL 1, 2008**, and ending **JUN 30, 2009**

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

3a 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.	3a	\$
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.	3b	\$
c Balance Due. 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.	3c	\$ <b>N/A</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