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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)

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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-0	1-2008 and ending 06-30-20	009	D Fundamenidae	AiG and in a country
		pplicable	Please	C Name of organization GIRLS PREPARATORY SCHOOL	INC			ntification number
Add		_	use IRS label or	Doing Business As			62-0475682 E Telephone nui	
Nar		_	print or type. See	GIRLS PREPARATORY SCHOOL	INC			
Initi			Specific Instruc-	Number and street (or P O box 205 ISLAND AVENUE	x if mail is not delivered to street add	ress) Room/suite	G Gross receipts	\$ \$ 16,986,194
Ten			tions.					
Am				City or town, state or country, CHATTANOOGA, TN 37405	and ZIP + 4			
App	lication	pending		,				
				ne and address of Principal (EY R TUCKER	Officer		s a group return	
				LAND AVE		affilia	tes?	⊤Yes ▼ No
				ANOOGA,TN 37405	–	H(b) Are al	l affiliates included	1? ✓ Yes ✓ No
	x-exem	pt status	У 501(c)	(3) ◀ (insert no))(1) or 527	_		See instructions)
J W	eb sit	e: 🕨 WW	/WGPSEDU			H(c) Grou	p Exemption Nun	nber 🟲
К Туре	e of org	janization	Corporati	ion trust association oth	er ►	L Year of Fo	rmation 1946 M S	State of legal domicile TN
Pai	rt I	Sumi	mary					
				e organization's mission or i	most significant activities			
Governance				ACCREDITED SECONDAR S SIX THROUGH TWELVE	Y SCHOOL AND TO PROVID	E QUALITY PR	RIVATE SCHOOL	EDUCATION FOR
Ē								
9. Se	2	Checkt	his box	ıf the organızatıon dıscontın	ued its operations or disposed	of more than 2		
	3				ody (Part VI, line 1a)			22
Activities &	4			_	governing body (Part VI, line	1b)		22
Ě	5			nployees (Part V, line 2a)			_	212 125
<u> </u>				lunteers (estimate if necess	sary) Part VIII, line 12, column (C)		6 _	4,710
-		_		ness taxable income from F			7a _ 7b	3,710
						Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			1,910,332	1,799,818
를	9						12,615,026	12,662,074
Reven	10	Invest	ment incon	ne (Part VIII, column (A), lı	nes 3, 4, and 7d)		617,445	-58,038
芷	11	Other	revenue (P	art VIII, column (A), lines 5		222,967	126,798	
	12	Total r 12)	revenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), l	ine	15,365,770	14,530,652
-	13		and simila	ar amounts paid (Part IX, co	lumn (A), lines 1–3)		2,308,003	0
	14	Benefi	ts paid to o	r for members (Part IX, colu	ımn (A), lıne 4)			0
en.	15		es, other co	ompensation, employee bene	efits (Part IX, column (A), lines	5 -	0.676.460	
Expenses		10)		on a second for a second TV and two	·· (A) [a d d a)	8,676,168	8,856,387	
<u>क</u>	16a			raising fees (Part IX, colum			40,351	37,975
五	ь 17	•		penses, Part IX, column (D), line 2 Part IX, column (A), lines 1	,		8,346,813	5,222,853
	18				1a-11u, 111-241) al Part IX, line 25, column (A))	\ <u> </u>	17,063,332	16,425,218
	19		•	penses Subtract line 18 from		'	-1,697,562	-1,894,566
<u>ያ ወ</u>			<u>-</u>			Beginni	ing of Year	End of Year
Net Assets or Fund Balances	20	Totala	assets (Par	t X, line 16)			63,239,624	56,005,908
Ass Ba	21		,	Part X, line 26)			20,897,312	20,572,727
∌.5 5	22		•	d balances Subtract line 21	from line 20		42,342,312	35,433,181
	t II		ature Blo				/ - /	
		Under p	enalties of pe	rjury, I declare that I have examı	ned this return, including accompanyi			
Diaa		and beli	ef, it is true, o	correct, and complete Declaration	of preparer (other than officer) is ba	1		r has any knowledge
Plea Sign		Signa	ature of office	er		2010- Date	-03-11	
Here		'		ER HEADMASTER				
			or print nam					
		Preparer	's L		Date	Check If	Preparer's PTIN (S	See Gen Inst)
Paid		signature				self- empolyed 🕨 🦵		
Prepa	arer's		ame (or yours	;		1 ' '	ETR: b	
Use C	Only		nployed), and ZIP + 4	/			EIN Þ	
							Phone no 🕨	
May t	he IR	s discus	s this retui	rn with the preparer shown a	bove? (See instructions) .			┌ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

	otatement of frogram s	vervice Accomplish	inemie (eee are n	noti detionoty	
1	Briefly describe the organization's mission				
	TO OPERATE AN ACCREDITED SECONDARY SCH	HOOL AND TO PROVIDE QUALIT	Y PRIVATE SCHOOL EDUC	CATION FOR GIRLS IN GRADES	SIX THROUGH TWELVE
2	Did the organization undertake any sithe prior Form 990 or 990-EZ?	gnificant program service	es during the year wh	nich were not listed on	┌ Yes ┌ No
	·	on Sahadula O			Tes No
_	If "Yes," describe these new services				
3	Did the organization cease conducting services?	g or make significant cha	nges in now it condu	cts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			,,
4	Describe the exempt purpose achieve		ianization's three lar	act program corvices by	avnancac
•	Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947(a)(1) trust	are required to repo		
	others, the total expenses, and reven	ue, ii aliy, lor each progra	iiii service reported		
4a	(Code) (Expenses \$		ıdıng grants of \$	2,308,003) (Revenue \$	12,306,685)
	SECONDARY SCHOOL EDUCATION FOR GIRLS	S APPROXIMATELY 656 GIRLS S	SERVED		
4b	(Code) (Expenses \$		uding grants of \$) (Revenue \$	194,788)
40	TO PROVIDE ACADEMIC ATHLETIC AND EDUC				
4c	(Code) (Expenses \$	649,451 ınclı	ıdıng grants of \$) (Revenue \$	58,895)
	TO PROVIDE TRANSPORTATION & MEALS FOR	R STUDENTS APPROXIMATELY	656 GIRLS SERVED		
4d	Other program services (Describe i	n Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	12,430,689	Must equal Part IX, Lir	ne 25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νo
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

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			
а	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		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
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		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		Information Returns. Enter -0- if not applicable					
			1a	54			
h	Entor	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
b	Liitei	the number of Forms W-20 included in line 1a Lines -0- it not applicable	1b	0			
c	Did th	ı ne organızatıon comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
_		ng (gambling) winnings to prize winners?			1c		Νo
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax					
		nents filed for the calendar year ending with or within the year covered by this	-	3.13			
	return		2a	212			
Ь		east one is reported in 2a, did the organization file all required federal employm If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during					
Ja		12		year covered by this	3a	Yes	
ь	If "Ye:	s," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc					
	accou	ınt) [?]			4a	Yes	
ь	If"Ye	s," enter the name of the foreign country CJ					
	See th	ne instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.					
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νο
ь	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited i	tax sh	nelter transaction?	5b		Νo
_	If "Ya	s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entit	v Regarding Prohibited			
·		nelter Transaction?	•	· · ·	5c		
6a	Did th	ne organization solicit any contributions that were not tax deductible?			6a		No
ь	If "Ye	s," did the organization include with every solicitation an express statement th	atsu	ch contributions or aifts			
		not tax deductible?			6b		
7	Organi	ızatıons that may receive deductible contributions under section 170(c).					
а	Did th	ne organization provide goods or services in exchange for any quid pro quo conf	trıbutı	on of \$75 or	7a		Νo
		·				1	
b	If "Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper		· ·	7-	V	
_		orm 8282?			7c	Yes	
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
_	Did th	ne organization, during the year, receive any funds, directly or indirectly, to pay	nrem	uums on a nersonal			
_		it contract?			7e		Νo
f		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
q	For all	l contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		
_		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi		•	,		
•		red?			7h		Νo
8	Section	in 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
		orting organizations. Did the supporting organization, or a fund maintained by a s	pons	oring organization, have			
		s business holdings at any time during the			8		
9		in $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
					0-		
a		ne organization make any taxable distributions under section 4966?			9a		
b		ne organization make a distribution to a donor, donor advisor, or related person	•		9b		
10		n 501(c)(7) organizations. Enter		I			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı	ies					
11	Section	on 501(c)(12) organizations Enter					
		Income from members or shareholders					
			11a				
ь		ncome from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[11b				
12a	Section	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleur	of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year	5, Shies the amount of tax exempt interest received of accided during the	12b				

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

about	policies not	requirea by	y the Internal	Revenue Coae.	<i>)</i>
Section A. Gov	erning Body	and Manag	gement		

			Yes	No				
	For each "Yes" response to lines 2-7 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 22							
ь	Enter the number of voting members that are independent 1b 22							
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		Νο				
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
Ь	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?							
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	Yes					
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		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νo
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 TN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KRISTIN GRINE 205 ISLAND AVE CHATTANOOGA,TN 37405 (423) 634-7632

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	erage ours oer eek	Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
										_
							\vdash			
					\dashv					
							ĻIJ	150.10		
1b Total		• •		•	•		<u> </u>	468,187	<u>′</u>	99,871

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			Yes	No				
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	3		Νo				
4	For any individual listed online 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							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

Section B. Independent Contractors

from the organization .

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAGE DINING 222 BOSLEY AVENUE TOWSON, MD 21204	FOOD SERVICE	622,664
JJ 700 W MAIN STR CHATTANOOGA, TN 37402	CONSTRUCTION	3,242,870
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

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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 IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		312, 313, 01 314
, grants mounts	ь	Membership d	ues					
			1b	157 140				
ું.≝	С	Fundraising ev	vents 1c	157,149				
<u>₩</u>	d	Related organ	ızatıons 1d					
ī,š,	e	Government gran	nts (contributions) 1e					
oution her s	f		tions, gifts, grants, and not included above	1,642,669				
ontrib nd ot	g		1f ributions included in 111,621					
ठॅ क	h	lines 1a-1f \$	es 1a-1f)		1,799,818			
		(<u> </u>				
<u>a</u>	2-	TUTTION & FEEC	DEVENUE	Business Code	12 206 605	12 206 605		
Program Service Revenue and other similar amounts	2a	TUITION & FEES		900,099	12,306,685	12,306,685		
	ь	SUMMER PROGRA		900,099	194,788	194,788		
	C	BUS TRANSPORTA	ATION FEES	900,099	58,895	58,895		
e F	d							
Program Ser	e							
	f	All other prog	ram service revenue		101,706	101,706		
Ç	g		es 2a-2f					
	3	► \$ 12,662,07 Investment in	recome (including divi	dends. Interest				
			amounts)	F	185,636			185,636
				▶				
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .		[
			(ı) Real	(II) Personal				
	6a	Gross Rents	14,312					
	b	Less rental expenses	3,363					
	С	Rental income	10,949					
	d	or (loss) Net rental inco	ome or (loss)		10,949		4,710	6,239
				<u>▶</u>			·	`
	Gross amo	Gross amount	(ı) Securities 2,084,689	(II) O ther 6,900				
	7a	from sales of assets other than inventory	2,001,003	3,300				
	ь	Less cost or other basis and	2,204,088	131,175				
	c	sales expenses Gain or (loss)	-119,399	-124,275				
	d	Net gain or (lo	oss)	_	-243,674	-124,275		-119,399
				. •				
Other Revenue	8a	events (not in \$16	o,169 ns reported on line					
é		Attach Schedul	le G ıf total exceeds					
는 전		\$15,000		157,149				
Ě	b		xpensesb	66,876	93,293	93,293		
0	c	Net income or	(loss) from fundrais	ing events	93,293	93,293		
	9a	Gross income activities See Complete Schel exceeds \$15,00	e part IV , line 19 dule G if total 00					
			a	24,200				
	b c		xpensesb (loss) from gaming a	15,200	9,000	9,000		
		· · ·	(1000) Hom gailing 6	activities -	5,000	5,000		
	10a	Gross sales o returns and al	finventory, less lowances . a	48,396				
	b	Less cost of	goods sold b	34,840				
	С		(loss) from sales of		13,556	13,556		
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	ь							
	с							
	یہ	All other reve	nue					
	d e		es 11a-11d					
	12		e. Add lines 1h, 2g, 3		14,530,652	12,653,648	4,710	72,476
		8c,	l1e			·		

Part IX Statement of Functional Expenses

A	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 1	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	2,308,003	2,308,003							
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	241,719	181,289	48,344	12,086					
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	6,972,143	4,799,845		635,801					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	570,148	389,329	126,788	54,031					
9	Other employee benefits	521,891	403,209	86,496	32,186					
10	Payroll taxes	550,486	380,178	121,241	49,067					
11	Fees for services (non-employees)									
а	Management	45,000	45,000							
b	Legal	15,256		15,256						
c	Accounting	31,472		31,472						
d	Lobbying									
e	Professional fundraising See Part IV, line 17	37,975			37,975					
f	Investment management fees									
g	Other	23,940	23,940							
12	Advertising and promotion	376,455		148,815	227,640					
13	Office expenses	16,684		14,297	2,387					
14	Information technology	43,330	13,635	27,104	2,591					
15	Royalties									
16	Occupancy	848,639	748,903	77,082	22,654					
17	Travel	24,891		12,290	12,601					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	7,121			7,121					
20	Interest	714,811	633,823	60,831	20,157					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,140,090	1,010,918	97,022	32,150					
23 24	Insurance	173,022	84,953	87,363	706					
а	FOOD SERVICE	521,723	521,723							
b	SUMMER PROGRAM EXPENSE	53,526	53,526							
c	ACADEMICS & ATHLETICS	628,108	628,108							
d	ADMISSIONS & DEVELOPMENT	121,491		75,274	46,217					
e	SPECIAL EVENTS	189,191	87,288	, ,	101,903					
f	All other expenses	248,103	140,959	107,144	· · · · · ·					
25	Total functional expenses. Add lines 1 through 24f	16,425,218	12,454,629	2,673,316	1,297,273					
26	Joint Costs. Check 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		. ,		rm 990 (2008)					

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				Degiiiiiig or year	1	Liid oi yedi
	2	Savings and temporary cash investments				3,153,909	2	1,079,046
	3	Pledges and grants receivable, net	4,235,907	3	3,532,993			
	4	Accounts receivable, net	537,162	4	540,125			
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			es or	11,904	5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)			6	
Assets	7	Notes and loans receivable, net			i		7	
	8	Inventories for sale or use				62,986	8	52,159
	9	Prepaid expenses and deferred charges				273,547	9	216,312
	10a	Land, buildings, and equipment cost basis	۔مدا	I	44,912,250			
⋖		Land accomplished damped when Complete Part VII of	10a		44,312,230			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		14,930,482	29,136,542	10c	29,981,768
	11	Investments—publicly traded securities		٠			11	1,756,035
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		25,567,435	12	18,556,329
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D.	Part VI	TI.			13	
	14	Intangible assets				158,172	14	151,581
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	102,060	15	139,560			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				63,239,624	16	56,005,908
	17	Accounts payable and accrued expenses .	1,159,255	17	924,212			
	18	Grants payable					18	
	19	Deferred revenue				2,238,057	19	2,148,515
_	20	Tax-exempt bond liabilities				17,500,000	20	17,500,000
ēS	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					•	
Lia		persons Complete Part II of Schedule L		•			22	
	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		0	25	0		
	26	Total liabilities. Add lines 17 through 25	20,897,312	26	20,572,727			
		Organizations that follow SFAS 117, check here ▶	olete li	nes 27				
anc	27	Unrestricted net assets				28,732,390	27	23,194,578
Balance	28	Temporarily restricted net assets				5,467,278	28	4,141,433
豆	29	Permanently restricted net assets				8,142,644	29	8,097,170
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	d com	plete				
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
ASS	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances				42,342,312		35,433,181
Z	34	Total liabilities and net assets/fund balances				63,239,624		56,005,908
		·						
Pa	rt XI	Financial Statements and Reporting	_	_			_	

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	Yes	
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		Νo
b	If "Yes." did the organization undergo the required audit or audits?	3b		No

DLN: 93493104000050

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

Open to Public Inspection

		ne organizat i RATORY SCHOO						Em	ployer ide	nt if icat ic	n nun	nber	
OIKL	TIKLIA	KATOKI SCHOOL	JE INC					62	-0475682	2			
Pa	rt I	Reason	for Public Cl	harity Status (to be con	mpleted	by all or	ganızatıo						
The	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)	1					
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	.70(b)(1)	(A)(i).				
2	굣	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E)							
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(Ł)(1)(A)(i	ii). (Attac	h Schedu	le H)		
4	Г	A medical i	esearch organı	zation operated in conjuncti	on with a	hospital d	escribed ii	Sect ion	170(b)(1)	(A)(iii). E	nter	the	
		hospital's r	name, city, and	state									
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed	ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	ribed in Se	ct ion 170(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	nmental u	ınıt or fron	n the gen	eral p	ublic	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% c	fits supp	ort from co	ntribution	ns, membe	rship fee:	s, and	gros	ss
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331	/3% o	f	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	ısınes	ses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo									
				orted organizations describe						Section 5	609(a)	(3).	Check
			t describes the ype I b	type of supporting organiza			nes lle t nally Integ		h d	Гтуре	- III -	. O +h	or
e	г		•	rtify that the organization is			-		ne or mor	' ''			
_	'			agers and other than one or									
		section 50	9(a)(2)										
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supporti	ng org	anız	ation,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1				,
9		following pe		as the organization acceptos	a a, gc	0. 00	4	u., 0	•				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)			res	No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)		Νο
		(ii) a famıly	/ member of a p	erson described in (i) above	7					11g	(ii)		Νο
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) a	bove?				11 g	(iii)		No
h		Provide the	following inforr	nation about the organizatio	ns the org	ganızatıon	supports						
							1				_		
		ame of	(ii) EIN	(iii) Type of organization		sthe	(v) Did y			s the			ount of
		oorted nization		(described on lines 1-9 above or IRC section		ation in	the orga		, ,	ation in	5	uppo	ort ⁷
	Jigai	112411011	above or IRC section col (i) listed in in col (i) of your col (i) organize (See Instructions)) your governing support? in the U.S.?										
						ment?							
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Part III Support Schedule for Organizations Described in IRC 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") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 (a) 2004 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 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 **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 0 % **Computation of Investment Income Percentage** 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 0 %

19a 33 1/3% 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

33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶┌

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public

SCHEDULE D (Form 990)

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.

Supplemental Financial Statements

	me of the organization RLS PREPARATORY SCHOOL INC		Emple	oyer identifica	ation numbe	er
				475682		
Pā	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		ınds o	r Accounts	. Complet	te if the
	_	(a) Donor advised funds	(l) Funds and o	ther accou	nts
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 advifunds are the organization's property, subject to the		or advis	ed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be		☐ Yes	┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form	990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space			, ,	•	a
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form	of a cor	nservation eas	sement	
				Held at	the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement:	s		2b		
c	Number of conservation easements on a certified hi	storic structure included in (a)		2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the	organization	during	
	the taxable year ►					
4	Number of states where property subject to conserva	ation easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, viola	itions, a	nd	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial				
Pal	rt IIII Organizations Maintaining Collectio Complete If the organization answered "		or Oth	er Similar	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in fur			2,
	If the organization elected as permitted under SEAS	116 to report in its revenue statement a	nd hala	ace cheet wor	ke of art	

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

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

Part		Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u> i	ures, or Othe	<u>r Similar</u>	Asse	ts (co	ntınued)
3		ng the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing that a	re a significant u	ıse of its col	lection	ı	
а	Γ	Public exhibition		d	\sqcap	Loan or exc	hange programs	;			
b	Γ	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ride a description of the organization's co XIV	ollections and explain	how	v they	further the	organızatıon's ex	xempt purpo	se in		
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon answ	ered "Yes'	" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	nt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ıng balance					1f				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete i									
1a	Pogu	inning of year balance	(a)Current Year 9,374,015	(b)	Prior `	Year (c)	wo Years Back (d))Three Years B	ack (e)Four Ye	ars Back
ь		tributions	427,013								
c		estment earnings or losses	-1,604,707								
d		nts or scholarships	-219,131								
e		er expenditures for facilities	-58,240								
_		programs									
f	Adm	ninistrative expenses									
g	End	of year balance	7,918,950								
2	Prov	ride the estimated percentage of the year	r end balance held as								
а	Boar	rd designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨 92 500 %									
c	Term	n endowment 🕨 7 500 %									
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held and	admınıstered for	the			
	_	nization by nrelated organizations						[3a(i)	Yes	No No
		related organizations							3a(ii)		No
b		es" to 3a(ii), are the related organization				ule R?			3b	<u> </u>	No
4	Desc	cribe in Part XIV the intended uses of the	e organization's endo	wme	nt fu	nds					
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S	ee F	orm 990, P	art X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	ation	(d) Boo	ok value
1 a l	and						1,993,696	_			1,993,696
b i	Buildii	ngs				79,900	33,214,942	8,58	2,054	24	4,712,788
c l	ease	hold improvements					2,987,090	78	8,826		2,198,264
d I	quipi	ment					5,369,647	4,62	5,987		743,660
е (Other						1,266,975	93	3,615		333,360

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests	683,331		F
Other ABSOLUTE RETURN FUNDS	5,058,550		F
Other EQUITIES	11,354,661		F
Other FIXED INCOME	1,289,328		F
Other OTHER	170,459		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,556,329		
	- 000 B I V I	10	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
SPLIT DOLLAR LIFE INSURANCE POLICY			115,000
MEMBERSHIP DEPOSITS			24,560
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		139,560
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

reconcination of change in Net Assets from Form 330 to Financial Statem	- III	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,530,652
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	16,425,218
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,894,566
4 Net unrealized gains (losses) on investments	4	-4,351,565
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-663,000
9 Total adjustments (net) Add lines 4 - 8	9	-5,014,565
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,909,131
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1 Total revenue, gains, and other support per audited financial		9,636,366
statements	1	
A mounts included on line 1 but not on Form 990, Part VIII, line 12	_	
a Net unrealized gains on investments	5	
b Donated services and use of facilities		
c Recoveries of prior year grants		
,	-	F 014 F6 F
e Add lines 2a through 2d	2e 3	-5,014,565
Subtract line 2e from line 1	3	14,650,931
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	-120,279
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,530,652
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
1 Total expenses and losses per audited financial statements	1	16,545,497
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	16,545,497
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	9	
c Add lines 4a and 4b	4c	-120,279
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,425,218

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Ident if ier	Ret urn Reference	Explanation
		PART V LINE 4 - ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS GRANTS AWARDS FACULTY DEVELOPMENT LIBRARY SUPPORT & VARIOUS OTHER PROGRAMS PART XI LINE 8 - DECREASE IN VALUE OF SPLIT INTEREST AGREEMENTS PART XII LINE 2D - DECREASE IN VALUE OF SPLIT INTEREST AGREEMENTS PART XII LINE 4B - EXPENSES RECLASSED WITH REVENUES IN ORDER TO REPORT CERTAIN PROGRAMS AT NET INCOME(LOSS) PART XIII LINE 4B - EXPENSES RECLASSED WITH REVENUES IN ORDER TO REPORT CERTAIN PROGRAMS AT NET INCOME(LOSS) FIN 48 DISCLOSURE - THE ORGANIZATION IS NOT REQUIRED TO IMPLEMENT THE PROVISIONS OF FIN 48 UNTIL FISCAL YEARS BEGINNING AFTER 12152008

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

GIRLS PREPARATORY SCHOOL INC

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

Schools

Employer identification number

	62-0475682			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE SCHOOL PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY IN THE LOCAL NEWSPAPER REGIONAL NEWPAPERS AND OTHER PUBLICATIONS			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5с		Νο
d	Scholarships or other financial assistance?	5d		Νο
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	-		
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a		N a
	Has the organization's right to such aid ever been revoked or suspended?	6b		N o
	If you answered "Yes" to either 6a or b, 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	7	Yes	
	or Nevertible 75-30, 1373-2 Closof, covering facial hondiscillination, it into, attach an explanation		1162	1

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DLN: 93493104000050

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization
GIRLS PREPARATORY SCHOOL INC

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
- Email solicitations
- : 🔽 Phone solicitations
- **d** In-person solicitations

- e ✓ Solicitation of non-government grants
- f Solicitation of government grants
- 2a 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 activities?
- **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.

(i) Name of individual or entity (fundraiser)	(ii) Activity con contrib		Did er have dy or ol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No					
MANAGEMENT COUNSEL INC	PHONATHON		No	102,461	37,975	64,486		
		-						
		1						
		1						
		+						
		+						
Total			>					

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

TN

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)		, (-),	
ξ	1	Gross receipts	317,318				31	7,318
Revenue	2	Less Charitable contributions	157,149				15	7,149
	3	Gross revenue (line 1 minus line 2)	160,169					
	4	Cash Prizes					16	0,169
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	3,000					
Δ K	7	Other direct expenses	63,876					3,000
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			6	3,876
	9	Net income summary Combine li	nes 3 and 8 in column (d)	•		6	6,876
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	e thai	า
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
<u>~</u>	1	Gross revenue			24,200		2	4,200
seg.	2	Cash prizes						
Expenses	3	Non-cash prizes			15,200		1	5,200
Direct B	4	Rent/facility costs						
Ē	5	Other direct expenses						
	6	Volunteer labor	Yes	Yes	Yes <u>50 000 %</u> No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				5,200
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				9,000
9	Ent.	er the state(s) in which the organiza	tion operator gaming ac	wutua. TN			Yes	No
a		he organization licensed to operate				. 9a	Yes	
Ь	If"I	No," Explain						
10a	 Wer	re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	the tax year?	10a		No
b		Yes," Explain	, , , , , , , , , , , , , , , , , , , ,		, ,	100		110
						\Box		
11 12		es the organization operate gaming a he organization a grantor, beneficial				11	+	No.
		ned to administer charitable gaming				12		No

								165	140
13	Indicate the	percentage of gaming	activity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acılıty			13b	100 %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records								
	Name 🟲	DONALD E MORTO	N						
	Address 🟲	832 GEORGIA AVI CHATTANOOGA,1							
15a			ract with a third party from v				15a		Νo
b	If "Yes," ent	er the amount of gamı	ng revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue retaine	d by the third party 🏲 \$						
C	If "Yes," ent	er name and address							
	Name 🟲								
	Address 🟲								
16	Gaming man	ager information							
	Name 🟲	ANN EVANS							
	Gaming man	ager compensation 🕨	\$\$	000_					
	Description	of services provided	FUNDRAISING EVENTS	COORDINATOR					
	Director,	/officer	F Employee	▼ Independe	nt contractor				
17	Mandatory d	ıstrıbutıons							
а			state law to make charitable				17a	Yes	
b			required under state law dist		organizations	orspent		103	

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493104000050

Department of the Treasury Internal Revenue Service Name of the organization

GIRLS PREPARATORY SCHOOL INC

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

GIRLS FREFARATORT SCHO	OLINC					62-0475682	
Part I General Infor	mation on Grai	nts and Assistance	1			'	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran	nts or assistance?					▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations	er organizations .						-
For Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990.		Cat No 50055	Р	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID	206		2,271,003	FMV	TUITION CREDIT
MERIT SCHOLARSHIP	2		37,000	FMV	TUITION CREDIT

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
		PART 1 LINE 2 - THE SCHOOL HAS A FINANCIAL AID MANAGER WHO OVERSEES AND MONITORS THE USE OF ALL GRANTS IN THE UNITED STATES

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DLN: 93493104000050

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations

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

Name of the organization GIRLS PREPARATORY SCHOOL INC **Employer identification number**

62-0475682

Pa	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	<u> - </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	고	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		•	7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Nume	(i) Base (ii) Bonus &		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
STANLEY R TUCKER (II					57,340	299,059	237,729	
(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

Ident if ier	Return Reference	Explanation
-		
	·	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization GIRLS PREPARATORY SCHOOL INC Employer identification number

62-0475682

										102 047.	3002			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	: Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	efeased	Beh	On alf of suer
											Yes	No	Yes	No
A	HEALTH EDUC & HOUSING FACILITY BOARD OF THE CITY OF CHATTANOOGA TN	52-1298872	162410CJ1	07-27-	2007	17,	500,000	CONSTRUC BLDGS	TION - SO	CHOOL		х		х
Pa	art II Proceeds (Optional for	2008)										-		
					A	ı	В	()		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fron	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion											I		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	sue?		Х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	s been made?			Х									
12	Does the organization maintain ad final allocation of proceeds?	equate books and rec	ords to support the		х									
Pa	rt IIII Private Business Use	(Optional for 2008))											
				<u> </u>	<u> </u>	-	В			[<u> </u>		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
<u> </u>	Was the organization a partner in a which owned property financed by	tax-exempt bonds?	·		Х									
2	Are there any lease arrangements which may result in private busine		nanced property		Х									
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	n 990.			Cat No 501	L93E			S	chedule K	(Form 99	0) 2008	

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

		A		3	С		D			E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x								
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х								
Pai	rt IV Arbitrage (Optional for 2008)							_			
		ı	Α	E	3	(c	ı	<u> </u>		Ε
	J	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		Х								
2	Is the bond issue a variable rate issue?		Х								
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?		х								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х								
5	Were any gross proceeds invested beyond an available temporary period?		х								
			_ ^								1

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization GIRLS PREPARATORY SCHOOL INC **Employer identification number**

62-0475682

					02-04/3002			
Pa	rt I Types of Property			·				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermi	nıng	
1	Art—Works of art	аррпсавіс		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		2,598	FM\/			
	Clothing and household	_^		2,550	1 14 V			
•	goods	X		43,210	FMV			
6	Cars and other vehicles	Х	1	7,500	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	56	9,958	FMV			
	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
HEA	Other (describe LTHBEAUTYFITNESS)	Х	23	6,478	FMV			
	Other (describe VELENTERTAINMENT)	х	34	27,998	FMV			
27	PERSONAL Other (describe <u>SERVICES</u>)	×	32	13,379	 FMV			
_,	MUSICAL							
28	Other (describe $\frac{{\sf INSTRUMENT}}{}$)	Х	1	500	FMV			
29	Number of Forms 8283 received		- ,	ar for contributions for				
	which the organization complete		33, Part IV, Donee		29			1
	Acknowledgement		•			ı	v	N.
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at least three years from the date o	of the initial	contribution and which is	not required to be used for a	evemnt nurnoses	l 1	ı	
	for the entire holding period? .		contribution, and which is		exempt purposes	200		No
L.						30a		
31	If "Yes", describe the arrangeme Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
	Does the organization hire or use							
JZa	contributions?							NI -
		•				32a		N o
ь 33	If "Yes", describe in Part II If the organization did not report	rovonuce	n Column (c) for a type of	roporty for which Column (2) (6			
	checked describe in Part II	. ievellues l	in Column (c) for a type of p	moperty for willelf Column (a	1) 13			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	1								

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SCHEDULE 0

(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.

2008

Open to Public Inspection

Name of the organization	Employer identification number
GIRLS PREPARATORY SCHOOL INC	
	62-0475682

ldentifier	Return Reference	Explanation
		PART VI SECTION A LINE 10 - AUDIT COMMITTEE REVIEWS FORM 990 BEFORE FILING PART VI SECTION A LINES 6-7B - THE ORGANIZATION'S MEMBERS ARE TRUSTEES THAT SERVE IN THE GOVERNING BODY AND ELECT THEIR OWN MEMBERS PART VI SECTION B LINE 12C - OFFICE OF THE HEADMASTER REQUIRES THE CONFLICT OF INTEREST POLICY BE SIGNED ANNUALLY BY EACH TRUSTEE PART VI SECTION B LINE 15A - THE HEADMASTER'S COMPENSATION PACKAGE IS DETERMINED BY THE EXECUTIVE COMMITTEE PART VI SECTION B LINE 19 - CONFLICT OF INTEREST POLICIES AND CERTAIN GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE SCHOOL CURRENTLY DOES NOT MAKE AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Software ID: Software Version:

EIN: 62-0475682

Name: GIRLS PREPARATORY SCHOOL INC

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS BAIRD , TRUSTEE	1	Х						0	0	0
OSCAR BROCK , TRUSTEE	1	Х						0	0	0
KATHARINE CALDWELL , TRUSTEE	1	Х						0	0	0
SAM H CAMPBELL , TRUSTEE	1	Х						0	0	0
MARILYN SHERMAN , TRUSTEE	1	Х						0	0	0
WILLIAM P CONROY, TRUSTEE	1	Х						0	0	0
ROBERT F DECOSIMO , TRUSTEE	1	Х						0	0	0
KENNETH DEFOOR, TRUSTEE	1	Х						0	0	0
LINDA FRIBERG , TRUSTEE	1	Х						0	0	0
ELIZABETH GRAHAM , TRUSTEE	1	Х						0	0	0
CRAIG HOLLEY , TRUSTEE	1	Х						0	0	0
LAURA LEACH , TRUSTEE	1	Х						0	0	0
LORIE MALLCHOK , TRUSTEE	1	Х						0	0	0
BARBARA MCDONALD , TRUSTEE	1	Х						0	0	0
W SCOTT MCGINNESS , TRUSTEE	1	Х						0	0	0
ROBERT PEARIGEN , TRUSTEE	1	Х						0	0	0
GEORGE T PEEPLES , TRUSTEE	1	Х						0	0	0
MICHELLE RUEST , TRUSTEE	1	Х						0	0	0
W KEITH SANFORD , TRUSTEE	1	Х						0	0	0
DAVID WATSON, TRUSTEE	1	Х						0	0	0
MARY WATSON, TRUSTEE	1	Х						0	0	0
KAREN WELBORN , TRUSTEE	1	X						0	0	0
STANLEY R TUCKER , HEADMASTER	40				Х			241,719	0	57,340
RICHARDIA PIERCE , ASSOC HEAD PRINCIPAL	40					Х		123,604	0	16,421
THOMAS HUDGINS , DIR OF INST ADVANCEMENT	40					х		102,864	0	26,110