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Department of the Treasury

For the 2008 calendar year, or tax year beginning

label or print oi

type

Instruc-

Doing Business As

14 E Casino Rd Ste A

F Name and address of principal officer

Everett, WA 98208-2628

City or town, state or country, and ZIP + 4

14 E Casino Rd Ste A, Everett, WA 98208-2628

Internal Revenue Service

B Check if applicable

Address change

Name change

Initial return

☐ Termination

Amended return

Application pending

Return of Organization Exempt Fr om Income T ax

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

Keith Harrell

C Name of organization LITTLE RED SCHOOL HOUSE INC

Number and street (or P O box if mail is not delivered to street address)

07/01, 2008, and ending

Room/suite

OMB No 1545-0047 2008

Open to Public Inspection

353-5656

2,571,156

10

10

61

84

0

0

0

0

299,377

1,802,460

-132.917

130,808 2,099,728

1,743,301

567,461

Current Year

Employer identification number

6053563

06/30,20 09

E Telephone number

G Gross receipts \$

H(a) Is this a group return for affiliates⁷ ☐ Yes ✓ No

H(b) Are all affiliates included? ☐Yes ☐No

If "No," attach a list (see instructions)

1963 M State of legal domicile WA

4 5

6

7a

7b

482,873

94,316

117,435

2,574,299

1,668,511

847,428

1,879,675

425)

H(c) Group exemption number ▶

Tax-exempt status √ 501(c) (3)
√ (insert no)
√ 4947(a)(1) or Website: ▶ www.littlered.org Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation Summary 1 Briefly describe the organization's mission or most significant activities: Developmentally disabled early education Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a). 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) ക b Net unrelated business taxable income from Form 990-T, line 34 SCANNED JUN 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Fart VIII) Inaco VIII 13 Grants and similar amounts paid (Part IX, column (A), lines 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ► 116,516 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 18 Total expenses, Add lines 13-17 (must equal Part IX, colur 19 Revenue less expenses Subtract line 18 from line 12 . 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20

	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		2,	515,939	2,310,762	
	19	Revenue less expenses Subtract line 18 from line 12			58,360	-211,034	
ces			Beg	ginning d	of Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,9	992,400	4,015,863	
A B	21	Total liabilities (Part X, line 26)			473,994	1,047,284	
S E	22	Net assets or fund balances. Subtract line 21 from line 20		1,	518,406	2,968,579	
Par	t II	Signature Block					
Sigr Her		Signature of officer Keith Harrell, Treasurer Type or print name and title	5//3 // o Date				
Paid		Preparer's signature S-10-10	Check if self- employe	d ► Ø	Preparer's ident (see instructions		
Prepa Use (Firm's name (or yours Vicki Strong		EIN	>		
U36 (Jiny	if self-employed), address, and ZIP + 4 1509 151 PI SW, Lynnwood, WA 98087		Phone no	▶ (425)	745-6034	
May	the	IRS discuss this return with the preparer shown above? (see instructions)				✓ Yes No	
For F	Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Ca	nt No 11	282Y	Form 990 (2008)	

1	Statement of Program Service Accomplishments (see instructions)
•	Briefly describe the organization's mission: Developmentally disabled early education
	······································
	Did the agreementing undertake any constraint program and the state of
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
	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 \$ 1,962,579 including grants of \$ 119,936) (Revenue \$ 1,800,561) Early Childhood Education, General/Other: Deal with all aspects of preschool age health and developmental
	problems, schooling, skills and parent assistance. (774 Children)
4h	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
713	/ (Expenses w
	/Code \/ (Code \)
4C	(Code:) (Expenses \$) (Revenue \$)
	······································
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
_	Total program service expenses ▶ \$ 1,962,579 (Must equal Part IX, Line 25, column (B))

Fair	Checklist of Required Schedules			
			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	2	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		_	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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_		1
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	,	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
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	√	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b		1.10		- '
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓_
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 19		1
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		,	
	Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		{
	\$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		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	051		,
00	person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
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, Part II	26		✓_
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		1

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Pa	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	 	✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		✓
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	27		

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable		ı	ļ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓_	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			!
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	account)? If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		1
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
	Organizations that may receive deductible contributions under section 170(c).		,	-
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		
	\$75?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			7
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h_		ļ
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	,	'	ĺ
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them.)			<u></u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	ľ		

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

Sec	tion 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			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<u> </u>
6	Does the organization have members or stockholders?	6_		_✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	, , , , , , , , , , , , , , , , , , , ,	9a		<u> </u>
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?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	امدا	_ ,	
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	_
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		ļ	,
Sec	etion B. Policies	11		<u> </u>
000	ALON D. 1 OHOICS	—— Т	Yes	No
120	Done the exempiration have a written conflict of interest well a O If ((A) = 1) and a 11 and a 12 and	12a	·/	NO
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	•	
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
		120	•	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	1	
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	1	* ^
	Other officers or key employees of the organization?	15b		1
-	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		1
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.		•	
	and an area of the second and area of the sec			
	☐ Own website ☐ Another's website ☑ Upon request			
19		of inte	erest	
19	☐ Own website ☐ Another's website ☑ Upon request	of inte	erest	
19 20	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or			

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.

Check this box if the organization did not co	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (c	•	•	that ap	nlv)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Amy Drewel Board Member	1	1						\$0	\$0	\$0
Jeannette Mitchell Board Member	1	1						\$0	\$0	\$0
Keith Harrell Treasurer	2	1						\$0	\$0	\$0
Dennis Bolger Board Member	1	1						\$0	\$0	\$0
Elizabeth Shea President	2	1						\$0	\$0	\$0
Scott Hughes Vice President	2	1						\$0	\$0	\$0
Pam Shoberg Board Member	1	1						\$0	\$0	\$0
Polly Becker Johnson Board Member	1	1						\$0	\$0	\$0
Kaye Phinney Secretary	2	1						\$0	\$0	\$0
Mindy Geisser Board Member	1	1						\$0	\$0	\$0
Jess Jamieson Executive Director	40				✓		1	\$40,769	\$0	\$0
Terry Clark Executive Director	40				✓			\$70,157	\$0	\$0

Pa	t VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	, an	d Higi	hest	Compensate	d Employees (co	ontinued)
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average hours per week	P or director	nstitutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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		ļ								<u> </u>	
					-						
		-									
1b	Total			_				•	110,926	0	0
2	Total number of individuals (including thos organization ► 0	e in 1a) wh	no rec	eive	ed r	nor	e thar	\$1 	00,000 in repo	ortable compens	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	compensated	3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	e c	omp 1007	oen: ? If '	sation "Yes,"				4
5	Individual Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com _i comi	oen: S <i>ch</i>	satı	on	from I for s	 any uch	unrelated org	anization for	5 1
Se	ction B. Independent Contractors						· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest compensation from the organization	ompensate	d ind	ере	nde	ent (contra	cto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
_											
					_			-	·		
2	Total number of independent contractors	(including	those	in	1) v	vho	recei	ved	more than \$10	00.000 in	
_	compensation from the organization ▶ 0			.,,	٠, ٠		, 5501		man wh	,	

	2008)		·				Page \$
rt VI	Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a b c c e f	Federated campaigns	. 1a	156,174				
b	Membership dues	1b	0				
c	Fundraising events	1c	0				
0	Related organizations	1d	0				
, e	Government grants (contri	·	0				
[f	All other contributions, gifts, g		442.000	į			
<u> </u>	and similar amounts not inclu- Noncash contributions include		143,203				
i h	Total. Add lines 1a-1f	cultilines ta-ti. p	······	299,377			
		•	Business Code	200,011			
2a	Therapy/Educational	Services	624100	1,800,561	1,800,561	0	0
b				1,000,000	.,000,001		
C							
d							
е)						
f	All other program servi			1,899	1,899	0	0
g	Total. Add lines 2a-2f			1,802,460		· .	
3	Investment income (inc	luding dividend	s, interest, and				
	other similar amounts)			22,095	22,095	0	0
4	Income from investment o	f tax-exempt bor	nd proceeds 🕨	0	0	0	0
5	Royalties	· · · · · ·	<u>, .</u> . ▶	0	0	0	0
		(i) Real	(ii) Personal				
6a		76,092			,		
b		76,000			-, ·,		
d		76,092		70.000	70 000		***************************************
"		(i) Securities	T	76,092	76,092	0	0
7a	Gross amount from sales of assets other than inventory	279,597	(ii) Other				
b	Less cost or other basis and sales expenses .	434,609			ļ		
	Gain or (loss) l	-155,012					
d	Net gain or (loss) .			-155,012	-155,012	0	0
8a	Gross income from events (not including \$	fundraising 0		~	- "##		
	of contributions reported				» °		
	See Part IV, line 18	··· a	91,535				
	Less. direct expenses						
C	Net income or (loss) fro	om fundralsing o	events >	54,716	54,716	0	0
9a	Gross income from gam See Part IV, line 19	ing activities.					
	Less. direct expenses. Net income or (loss) fro	b					· , ,
		-	/IIIC3 P			- <u> </u>	
Iva	Gross sales of inve						
h	returns and allowances Less: cost of goods sol		1 1				
	Net income or (loss) from						
Ť	Miscellaneous Reve		Business Code	<u>-</u> .			. <u> </u>
11a	· · · · · · · · · · · · · · · · · · ·						
b				_		-	
"							
ہ							
	Total. Add lines 11a-11		.	0			
	Total Revenue. Add lin		1	-			
12							

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). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, 55,464 110,926 27,731 27,731 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,375,571 1,191,460 126,960 57,151 Other salaries and wages Pension plan contributions (include section 401(k) 22,125 17,888 3,005 1,232 and section 403(b) employer contributions) . . . 81,953 71,827 7,611 2,515 Other employee benefits . . 152,726 131,651 15,578 5,497 Payroll taxes 10 Fees for services (non-employees). a Management 15,428 555 13.299 1,574 **b** Legal . . 61,358 52,878 6,271 2,209 c Accounting . . **d** Lobbying 0 e Professional fundraising services See Part IV, line 17 f Investment management fees 96,981 9,879 83,610 3.492 g Other 4,714 4,714 12 Advertising and promotion 13 Office expenses Information technology . . . 14 15 Rovalties 53,995 46,543 5.508 1,944 Occupancy 16 41,242 40,840 402 0 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 33,774 34,074 300 0 19 Conferences, conventions, and meetings . 54,161 46,687 5.524 1,950 20 Interest 21 Payments to affiliates 92,585 79,870 9,398 3,317 22 Depreciation, depletion, and amortization. 36,298 31,289 1,307 3,702 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.) Supplies 35,153 30,302 3,586 1,265 Equipment rental & maintenance 19,954 17,201 2,035 718 b Postage & printing 4,570 3,939 466 165 С 16,948 Telecommunications 14,057 2,137 754 d All other expenses Total functional expenses. Add lines 1 through 24f 1,962,579 231,667 2,310,762 116,516 Joint Costs. Check here ▶ ☐ 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

Pa	rt X	Balance Sheet		_			
			(A) Beginning of year		End o	B) of year	
	1	Cash—non-interest-bearing	326,135	1		174	1,363
	2	Savings and temporary cash investments	832	2			5,568
	3	Pledges and grants receivable, net	88,587	3			0
	4	Accounts receivable, net	169,798	4		21!	5,238
	•	, , , , , , , , , , , , , , , , , , , ,					,
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .	0	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		<u>:</u>			
s	7		0	7			
Assets	7	Notes and loans receivable, net	0	8			
AS.	8	Inventories for sale or use	9,470	9			
`	9	Prepaid expenses and deferred charges	9,470	9	7AT 0.3		,550
	10a	Land, buildings, and equipment: cost basis 10a 3,760,186		\$`			
	b	Less: accumulated depreciation Complete		<u> </u>	42.	<u> </u>	
		Part VI of Schedule D	590,741	10c		2,670	
	11	Investments—publicly traded securities	806,837	11		739	,202
	12	Investments—other securities. See Part IV, line 11	0	12			
	13	Investments—program-related. See Part IV, line 11	····	13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	0	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,992,400	16		4,015	5,863
	17	Accounts payable and accrued expenses	184,168	17		151	1,784
	18	Grants payable	0	18			
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities	0	20			
S	21	Escrow account liability. Complete Part IV of Schedule D	···	21			
Liabilities	22	Payables to current and former officers, directors, trustees, key			\$		\$ \$ 1
Liat		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22			
	23	Secured mortgages and notes payable to unrelated third parties .	289,826	23		89	5,500
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	0	25			
	26	Total liabilities. Add lines 17 through 25	473,994	26		1,047	7.284
Balances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		-	, .		43
au	27	Unrestricted net assets	1,437,831	27		2,88	5.879
ğ	28		0	28			0
		Temporarily restricted net assets	80,575	29		R.	2,700
or Fund	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □		<u>23</u>		7	-,100
ts or	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds	<u> </u>	30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·		
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
et	33	Total net assets or fund balances	1,518,406	33		2.968	3,579
Z	34	Total liabilities and net assets/fund balances	1,992,400	34		4,015	
Pa	rt XI	Financial Statements and Reporting	1,002,100	<u> </u>	L	.,	,
						Yes	No
4	A	sunstan mathed wood to process the form 000. One of the control	П Си ь			1.63	-10
1		punting method used to prepare the Form 990: Lash Accrual		_			
2a		e the organization's financial statements compiled or reviewed by an ind		7.		,	<u> </u>
b		e the organization's financial statements audited by an independent according			. <u>2b</u>	✓	
С		es" to lines 2a or 2b, does the organization have a committee that assumes	· ·	-		,	
		audit, review, or compilation of its financial statements and selection of an in			. 2c	/	
3a		result of a federal award, was the organization required to undergo an					,
		Single Audit Act and OMB Circular A-133?				<u> </u>	✓
b	If "Y	es," did the organization undergo the required audit or audits?	<u> </u>		. 3b		l

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LIT	TLE	RED SCHOO	OL HOUSE INC						91 (5053563				
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)			
The 1 2 3 4		A church, co A school des A hospital of A medical re	onvention of chu scribed in section r a cooperative lessarch organiza	idation because it is: rches, or association on 170(b)(1)(A)(ii). (Attnospital service organition operated in conjuste:	of church tach Scho nization d junction v	hes desc edule E.) escribed with a ho	ribed in s in sectio spital de	ection 1 n 170(b) scribed II	70(b)(1)(/ (1)(A)(iii). n section	(Attach S				
5			ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	I unit described in			
6				ernment or governme				-	D(b)(1)(A)(v).					
7	An organization that normally receives a substantial part of its support from a governmental uni described in section 170(b)(1)(A)(vi). (Complete Part II)									t or from	the general public			
8 9	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33% % 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% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10 11 e														
f g		organization	, check this box it 17, 2006, has	a written determinati the organization acce							e III supporting □			
h		(ii) A person and (III) b (iii) A family (iii) A 35% c	n who directly or below, the gover member of a per controlled entity or	r indirectly controls, ening body of the supperson described in (i) a person described ation about the organ	ported or above? d in (1) or	ganizatio (II) above	n? ?	· · · · · · · · · · · · · · · · · · ·	s descrit	oed in (ii) 	Yes No 11g(i) 11g(ii) 11g(iii)			
		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support			
					Yes	No	Yes	No	Yes	No				
			, ,,,,,											
			_			_		_						
Tota	al													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (c) 2006 (b) 2005 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 358,359 545,105 492,421 586,045 include any "unusual grants.") 390,912 2,372,842 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 358,359 545,105 492,421 Total. Add lines 1-3 . . 586,045 390,912 2,372,842 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) Public support. Subtract line 5 from line 4. 2,372,842 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 358,359 545,105 492,421 586,045 390,912 2,372,842 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 45,884 118,820 67,323 108.579 100,086 440,692 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV) . . 2,813,534 Total support. Add lines 7 through 10 . 12 12 Gross receipts from related activities, etc. (see instructions) 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 84.34 % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 82.81 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 331/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

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

	(Complete only if you checke	ed the box o	<u>n line 9 of Pa</u>	rt I.)					
Sec	tion A. Public Support								
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08 (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					ļ			
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								
6	Total. Add lines 1-5					ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				_				
	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								
С	Add lines 7a and 7b								
8 	Public support (Subtract line 7c from line 6)								
	tion B. Total Support	() === (# N 000F			1			
Ca	ılendar year (or fiscal year begınning ın) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	08 (f) Total		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-					
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourth	h, or fifth tax	year as a	section 501(c)(3) ▶ □		
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S				(f))	15 16	% %		
Sec	tion D. Computation of Investmer	nt Income P	ercentage						
17 18	Investment income percentage for 2006 Investment income percentage from 20	•	• •	-	olumn (f)) .	17	% %		
19a	331/3 % support tests – 2008. If the organization is not more than 331/3 %, check this b	anızation dıd n ox and stop h	ot check the beere. The organi	ox on line 14, a zation qualifies	s as a publicly	supported	d organization 🕨 🗌		
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not s box and stop	check a box on here. The organ	ı lıne 14 or lıne nizatıon qualifie	19a, and line as as a publicly	16 is more supported	than 331/3 %, and dorganization		
20	Private foundation If the organization	did not check	a hoy on line 1	/ 10a or 10h	check this h	ov and se	e instructions		

Circulate A (i	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number 91 6053563 LITTLE RED SCHOOL HOUSE INC 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 Total number at end of year . . Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c 2d Number of conservation easements included in (c) acquired after 8/17/06. . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 7 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 > \$.....

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

a Revenues included in Form 990, Part VIII, line 1

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

Sche	dule D (Form 990) 2008					Page 1
	t III Organizations Maintaini	ing Collections	of Art, Historic	al Treasures, or	Other Similar As	Page : (sets (continued)
3	Using the organization's accession items (check all that apply):					
a b	Public exhibition Scholarly research		d 🗌 e 🗌	Loan or exchange	programs	
с 4	Preservation for future general Provide a description of the organiz Part XIV.		s and explain ho	w they further the	organization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as part of the	he organization's col	lection?	Yes No
Pa	Trust, Escrow and Cust Part IV, line 9, or reported	odial Arrangem d an amount on	ents. Complete Form 990, Part	if organization ans X, line 21.	swered "Yes" to	Form 990,
	Is the organization an agent, trusted included on Form 990, Part X?				r other assets not	Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and Col	npiete the follow	ring table:	An	nount
С	Beginning balance			10	- 	
	Additions during the year					
e f	- "			10		
2a	Did the organization include an amount "Yes," explain the arrangement in	 ount on Form 990 Part XIV), Part X, line 211			Yes No
Pai	rt V Endowment Funds. Co	mplete if organi	zation answere	d "Yes" to Form	990, Part IV, line	e 10.
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .		*	- \ \	×	- 7×
b	Contributions		*	* * * *	₩.	` .
c d	Investment earnings or losses		, ,			*
e	Other expenditures for facilities and programs		* ,		*	
f g	Administrative expenses . End of year balance			*	: *	~
2 a b c	Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment ►	ent ▶%	%			
	Are there endowment funds not in the organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization organization organization.	anizations listed a		chedule R?	· · · · · · · · · · · · · · · · · · ·	Yes No

Par	t VI Investments—Land, Buildir	ngs, and Equipment	See Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
	Land	0	834,390		834,390
b	Buildings	0	2,548,454	803,926	1,744,528
	Leasehold improvements	0	0	0	0
	Equipment	0	377,342	285,318	92,024
	Other	0	0	0	0
Tota	I. Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colun	nn (B), line 10(c)) .	. •	2,670,942

Schedule D (Form 990) 2008			Page 3
Part VII Investments - Other Securitie	s. See Form 990, Part >	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of vali Cost or end-of-year m	uation arket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
	-		
Total. (Column (b) should equal Form 990, Part X, coi (B) line 12)	~ 	x 5 \	
Part VIII Investments—Program Relate	d See Form 990 Part	V line 13	
	1		
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		v	
Part IX Other Assets. See Form 990, Part IX	art X line 15		
Care IX	(a) Description		(b) Book value
	(4, 23-4)		(A) Doon value
			
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
Total. (Column (b) should equal Form 990, Part X, co		<u> </u>	
Part X Other Liabilities. See Form 990	, Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
			ļ
			!
			ĺ
			; ;
		-	,
_		 	į
	 		l
	 		!
	 	<u> </u>	ŧ.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	<u> </u>	_ <u>L</u>	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,099,728
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,310,762
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-211,034
4	Net unrealized gains (losses) on investments	4	66,627
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	66,627
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-144,407
Fai	Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	2,291,559
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	심	
b	Donated services and use of facilities , , , , , ,	기	
C	riced veries of prior year grants	<u> </u>	
d			
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	-3	2,254,740
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,	
a	investment expenses not included on Form 550, Fart VIII, line Fb	⊣ .	
b	Other (Describe in Part XIV)	4c	-155,012
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,099,728
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1		1	2,435,966
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	 	
a	Donated services and use of facilities 23.	,	
b	Bonated Scrivices and use of Identities)	
c		5	
d	Other (Describe in Part XIV)	1	
	Add lines 2a through 2d	2e	125,204
3	Subtract line 2e from line 1	3	2,310,762
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а)	
b	Other (Describe in Part XIV))	
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,310,762
Par	t XIV Supplemental Information		
and	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. nedule D, Part XII, Line 2d - Direct fundraising event expenses	·	·
	nedule D, Part XIII, Line 2d - Direct fundraising event expenses \$36,819 Realized and unrealize estments \$88,385	d los	s on
Sch	nedule D, Part XII, Line 4b - Losses on securities sold		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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 LITTLE RED SCHOOL HOUSE INC 6053563 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations еL Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events J In-person solicitations 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 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 (i) Name of individual (vi) Amount paid to (or retained by) (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity contributions? fundraiser listed in organization col (i) Yes No 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.

Pa	rt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	tion answered "Yes" to	o Form 990, Part IV, II eceipts greater than \$	ne 18, o 5,000.	or rep	ortec	1
			(a) Event #1 Auction (event type)	(b) Event #2 Bowlathon (event type)	(c) Other Events 0 (total number)	(Add c	Total Evict (a) to	hrough	1
Revenue	1	Gross receipts .	83,981	7,554				91	,535
œ	2	Less. Charitable contributions Gross revenue (line 1	0	0 '					0
		minus line 2)	83,981	7,554				91	,535
S	4	Cash prizes	0	100					100
kpense	5	Non-cash prizes Rent/facility costs	3,500	425				3	<u> </u>
Direct Expenses	6 7	Other direct expenses	32,794	0				_	,794
	8 9	Direct expense summary. Ad Net income summary. Comb	ine lines 3 and 8 in colu	ımn (d) <u> </u>	>	(-	54	819) ,716
Pa	rt II	Gaming. Complete if t than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19	, or rep	ortec	d mo	re
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		otal gar a) throu		
Re	1	Gross revenue							
uses	2	Cash prizes .			- 12-12-12-12-12-12-12-12-12-12-12-12-12-1				
Direct Expenses	3	Non-cash prizes				_			
Direc	4	Rent/facility costs			· 	ļ			
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %				
	6	Volunteer labor	□ No	□ No	□ No	-			
	7	Direct expense summary. Ad	_	. ,	•	()
	8	Net gaming income summary	y. Combine lines 1 and	7 in column (d)	<u>.</u>	<u> </u>		Yes	No
9 a		ter the state(s) in which the o					9a		
b		No," Explain.							
		ere any of the organization's of Yes," Explain:	gaming licenses revoke	•		ar?	10a		
11 12		es the organization operate g			a partnership or other	entity	11		
		med to administer charitable					12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		ļ	
b	An outside facility			
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 ▶ \$			
С	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		i	
17	Mandatory distributions:			
'′а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	4		
_	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 ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public

Name of the organization

LITTLE RED SCHOOL HOUSE INC

Department of the Treasury Internal Revenue Service

Inspection
Employer identification number

91 | 6053563

Pa	rt I Questions Regarding Compensation			-
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			;
	☐ Travel for companions ☐ Payments for business use of personal residence	. ~ ~	3	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		1	
	☐ Discretionary spending account ☐ Personal services (e.g , maid, chauffeur, chef)	* * *		78 28
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	1b		
_	provision of all of the expenses described above? If "No," complete Part III to explain	10	-	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	2		}
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2	1.30	
_	List to book to the fell the same the control of the fell to the fell to the control of the control of the fell to the control of the fell to the control of	· • • • •		k. !
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		1 1 1 1	1 1
	✓ Compensation committee ✓ Written employment contract	85 7		3
	□ Independent compensation consultant □ Compensation survey or study	- **]
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	1		1
	Approval by the board or compensation committee		18	٠.
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	ľ	-3	* · · ·
~ _	Receive a severance payment or change of control payment?	4a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		4b		1
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		7. 15.05 7.5.05	
	The second and provide the applicable amounts for each term in a an in.		Tân Ya Kê	-
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	٠, ا	Κ	ļ.,
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		, i
	compensation contingent on the revenues of.	~	26 .	_ []
а	The organization?	5a		V
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.	7.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	· ` .	'	• 13 X
	compensation contingent on the net earnings of:		adar mar est com	
а	The organization?.	6a		1
b	Any related organization?	6b		✓,
	If "Yes" to line 6a or 6b, describe in Part III.		<u> </u>	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
-	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		/

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

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.

Jess Jamieson (i) Terry Clark (i)							
nos	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)(f)(b)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	\$40,769	0\$	\$0	\$0	\$0	\$40,769	\$40,769
	\$0	0\$	0\$	80	0\$	80	0\$
	\$70,157	\$0	0\$	\$0	0\$	\$70,157	\$70,157
	\$0	\$0	\$0	0\$	0\$	0\$	0\$
(0)							
(i)							
(0)							
(0)							
(ii)							
(ii)							
(0)							
(i)							
(0)							
(1)							
(0)							
(6)							
(6)							

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Page 3

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
LITTLE RED SCHOOL HOUSE INC	91 6053563
Form 990, Part VI, Section C, Line 19 - The organization makes its governir	and documents, conflict of interest notice and
financial statements available to the public upon request.	ig documents, commet of interest policy and
Third out out the bubble upon request.	
Form 990, Part VI, Section A, Line 10 - The finance committee reviews and	presents the form 990 to the board for their
approval.	
Form 990, Part VI, Section B, Line 12c - The board of directors and executive	ve director are required to fill out a conflict
of interest questionaire annually. They are compiled and reviewed by the s	taff accountant
Form 990, Part VI, Section B, Line 15 - The board of directors, guided by th	
compensation of the executive director based on a review of comparative	salaries of other similar non-profits as well
as Little Red School House's historical practice.	
•••••••••••••••••••••••••••••••••••••••	

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