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Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 06/01, 2009, and ending 05/31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE CHILDREN'S SCHOOL		D Employer identification number 58-1091170
		Doing Business As		E Telephone number (404) 873-6985
		Number and street (or P O box if mail is not delivered to street address) Room/suite 345 TENTH STREET, NE		G Gross receipts \$ 7,046,513.
		City or town, state or country, and ZIP + 4 ATLANTA, GA 30309		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer MARCIA PREWITT SPILLER 345 TENTH STREET, NE ATLANTA, GA 30309		H(c) Group exemption number ▶ N/A		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website ▶ WWW.THECHILDRENSCHOOL.COM				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1970		M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE CHILDREN'S SCHOOL IS TO ENRICH MINDS AND INSPIRE DREAMS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	152
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	337,276.	286,251.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,782,357.	6,634,928.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,889.	20,266.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,018.	44,755.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,368,540.	6,986,200.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), line 13)	113,500.	190,643.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,731,208.	4,626,594.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 192,651.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,873,794.	1,727,128.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,718,502.	6,544,365.	
19 Revenue less expenses Subtract line 18 from line 12	650,038.	441,835.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	12,591,221.	12,973,614.
	22 Net assets or fund balances Subtract line 21 from line 20	3,385,712.	3,326,270.
		9,205,509.	9,647,344.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶ *Marcia Prewitt Spiller* Signature of officer Date 1-18-11
 ▶ Marcia Prewitt Spiller Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <i>Marcia Prewitt Spiller</i>	Date JAN 07 2011	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00746804
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH & HOWARD, P.C. 171 17TH STREET, SUITE 900 ATLANTA, GA 30363		EIN ▶ 58-1250486	Phone no ▶ 404-874-6244	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions **Form 990 (2009)**

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SEE SCHEDULE O

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

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

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

4a (Code _____) (Expenses \$ 4,054,896 including grants of \$ 190,643) (Revenue \$ 6,005,257)
ELEMENTARY SCHOOL EDUCATION SERVICES PROVIDED TO 367 STUDENTS FROM AGE 3 - GRADE 6 FOR 175 INSTRUCTIONAL DAYS. THE CHILDREN'S SCHOOL'S CURRICULUM STRIVES TO INSTILL IN EACH CHILD THE CONFIDENCE TO TAKE RESPONSIBILITY FOR THEIR EDUCATION AT AN EARLY AGE. WE INCORPORATE A HANDS-ON APPROACH TO LEARNING, ENCOURAGING CREATIVITY AND SELF-RELIANCE. SCHOLASTIC RECORDS PROVE STUDENTS REALIZE NOT ONLY ACADEMIC POTENTIAL BUT ALSO STRENGTHENED SELF-IMAGE, EMOTIONAL SKILLS AND LIFELONG LEARNING SKILLS.

4b (Code _____) (Expenses \$ 299,465 including grants of \$ _____) (Revenue \$ 451,975)
THE EXTRACURRICULAR EDUCATION PROGRAM (ECEP) INCLUDES DISCOVERY OPEN UNTIL 6 PM EACH SCHOOL DAY, SERVING UP TO 300 STUDENTS, 40 OF WHOM COME FROM COMMUNITY SCHOOLS; AN ENRICHMENT PROGRAM, OFFERING OVER 20 CLASSES SERVING 240 STUDENTS IN TWO SESSIONS; A VIBRANT PERFORMING ARTS PROGRAM, WITH CHORUS, BAND, TCS PLAYERS, JR. PLAYERS, AND LEGO ROBOTICS IN WHICH OVER 100 STUDENTS PARTICIPATE.

4c (Code _____) (Expenses \$ 89,752 including grants of \$ _____) (Revenue \$ 177,696)
TCS CAMP DISCOVERY OFFERS 8 WEEKLY THEMED SUMMER SESSIONS, WITH APPROXIMATELY 80-100 STUDENTS PARTICIPATING IN EACH SESSION. CAMP DISCOVERY'S MISSION IS TO CREATE AN ENVIRONMENT IN WHICH CHILDREN AGES THREE THROUGH SIXTH GRADE HAVE DAYS FULL OF OLD-FASHIONED SUMMERTIME FUN AND PARTICIPATE IN INNOVATIVE PROGRAMS AND DAILY SOCIAL EXPERIENCES THAT WILL LAST A LIFETIME.

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

4e Total program service expenses ▶ 4,444,113.

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	19	
b	Enter the number of voting members that are independent	19	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	LIZ LEBLANC 345 TENTH STREET, NE ATLANTA, GA 30309 404-873-6985

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA K LEWIS CHAIRPERSON	2.00	X								
AMY STONE VICE-CHAIRPERSON	1.00	X								
LISA GREEN-CLOPTON SECRETARY	1.00	X								
PATRICIA FRIEDMAN TREASURER	1.00	X								
DAVID J. ATKINSON BOARD MEMBER	1.00	X								
ANNE E. BEIDLER BOARD MEMBER	1.00	X								
DANIEL BERMAN BOARD MEMBER	1.00	X								
KRISTIN RAMSEY CLYDE BOARD MEMBER	1.00	X								
BERNEE C. DUNSON BOARD MEMBER	1.00	X								
ROBERT D. FLANIGAN BOARD MEMBER	1.00	X								
JOHN H. FLEMING BOARD MEMBER	1.00	X								
J. DAVID HOPKINS BOARD MEMBER	1.00	X								
SHERYL MCCALLA BOARD MEMBER	1.00	X								
MICHELE REINER BOARD MEMBER	1.00	X								
GRADY ROBERTS III BOARD MEMBER	1.00	X								
KATE RUDDON BOARD MEMBER	1.00	X								

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM L. SMITH BOARD MEMBER	1.00	X								
MICHELLE TOMA-HARROLD BOARD MEMBER	1.00	X								
KATHLEEN O. CURREY BOARD MEMBER	1.00	X								
MARCIA P. SPILLER HEAD OF SCHOOL	50.00			X			239,993.		23,588.	
ELIZABETH LEBLANC BUSINESS MANAGER	50.00			X			125,214.		12,464.	
PATRICIA WARD ASSOCIATE HEAD OF SCHOOL	40.00					X	99,733.		11,609.	
1b Total							464,940.		47,661.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

58-1091170

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	50,378				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	235,873				
	g	Noncash contributions included in lines 1a-1f \$	44,929				
	h	Total. Add lines 1a-1f	286,251				
Program Service Revenue			Business Code				
	2a	TUITION	611600	6,005,257	6,005,257		
	b	DISCOVERY PROGRAM AND CAMP	611710	629,671	629,671		
	c						
	d						
	e						
	g	Total. Add lines 2a-2f		6,634,928			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4		17,586		17,586	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross Rents.	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	2,680			
	b	Less cost or other basis and sales expenses		0			
	c	Gain or (loss)		2,680		2,680	
	d	Net gain or (loss)		2,680		2,680	
	8a	Gross income from fundraising events (not including \$ 50,378 of contributions reported on line 1c) See Part IV, line 18	ATCH 5				
a			97,443				
b			54,213				
c	Net income or (loss) from fundraising events ATCH. 6.		43,230	43,230			
9a	Gross income from gaming activities See Part IV, line 19	a	7,625				
		b	6,100				
		c	Net income or (loss) from gaming activities ATCH. 7.		1,525	1,525	
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total Revenue. See instructions		6,986,200	6,679,683	0	20,266	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	190,643.	190,643.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	385,592.		335,076.	50,516.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,479,098.	2,845,066.	525,079.	108,953.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	204,175.	194,756.	6,092.	3,327.
9 Other employee benefits	277,676.	234,906.	34,958.	7,812.
10 Payroll taxes	280,053.	219,888.	48,218.	11,947.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	21,122.		21,122.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	20,460.		20,460.	
13 Office expenses	315,996.	178,974.	130,493.	6,529.
14 Information technology	88,376.	88,376.		
15 Royalties	0.			
16 Occupancy	437,778.	174,983.	262,795.	
17 Travel	26,532.	26,532.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	25,821.	25,821.		
20 Interest	22,878.		22,878.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	456,603.		456,603.	
23 Insurance	24,804.		24,804.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>SCHOOL ACTIVITIES</u>	115,536.	115,536.		
b <u>ECEP EXPENSES</u>	72,460.	72,460.		
c <u>PARENTS ASSOCIATION EXP</u>	25,865.	25,865.		
d <u>SUMMER CAMP EXPENSE</u>	25,481.	25,481.		
e <u>PERFORMING ARTS ACTIVITIES</u>	17,095.	17,095.		
f All other expenses	30,321.	7,731.	19,023.	3,567.
25 Total functional expenses Add lines 1 through 24f	6,544,365.	4,444,113.	1,907,601.	192,651.
26 Joint Costs Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	4,879,778.	1	5,591,325.	
	2	Savings and temporary cash investments	9,699.	2	9,699.	
	3	Pledges and grants receivable, net	18,108.	3	19,876.	
	4	Accounts receivable, net	38,822.	4	44,492.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,237.	9	63.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,058,264.		
	b	Less accumulated depreciation	10b	4,758,443.	10c	7,299,821.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	0.	15	8,338.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	12,591,221.	16	12,973,614.		
Liabilities	17	Accounts payable and accrued expenses	945,326.	17	1,012,076.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties ATCH. 9	1,690,140.	23	1,596,676.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities Complete Part X of Schedule D	750,246.	25	717,518.	
	26	Total liabilities. Add lines 17 through 25	3,385,712.	26	3,326,270.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	9,096,741.	27	9,537,051.	
	28	Temporarily restricted net assets	108,768.	28	110,293.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	9,205,509.	33	9,647,344.	
	34	Total liabilities and net assets/fund balances	12,591,221.	34	12,973,614.	

Part XI Financial Statements and Reporting

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2009. 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 - 2008. 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 checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ►

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the 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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE CHILDREN'S SCHOOL

58-1091170

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed consent.

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

Table with 3 columns: Question, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 3 columns: Question, Revenues, Assets. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, access ion, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,427,344	783,557			
b Contributions	156,383	770,013			
c Net investment earnings, gains, and losses	4,040	21,859			
d Grants or scholarships	86,830	113,500			
e Other expenditures for facilities and programs	12,783	34,585			
f Administrative expenses					
g End of year balance	1,488,154	1,427,344			

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

- a Board designated or quasi-endowment ► 92.5886 %
- b Permanent endowment ► 0.0000 %
- c Term endowment ► 7.4114 %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		895,349.		895,349.
b Buildings		8,795,958.	3,319,029.	5,476,929.
c Leasehold improvements		831,243.	222,164.	609,079.
d Equipment		1,535,714.	1,217,250.	318,464.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				7,299,821.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,986,200.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,544,365.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	441,835.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	441,835.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,798,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,487.
e	Add lines 2a through 2d	2e	2,487.
3	Subtract line 2e from line 1	3	6,795,557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	190,643.
c	Add lines 4a and 4b	4c	190,643.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,986,200.

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

1	Total expenses and losses per audited financial statements	1	6,356,209.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,487.
e	Add lines 2a through 2d	2e	2,487.
3	Subtract line 2e from line 1	3	6,353,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	190,643.
c	Add lines 4a and 4b	4c	190,643.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,544,365.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

THE CHILDREN'S SCHOOL ENDOWMENT IS INTENDED TO PROVIDE SUPPORT TO THE SCHOOL IN PERPETUITY. EACH YEAR, AT LEAST 10% OF ALL COLLECTIONS FROM THE ANNUAL FUND AND ANY CAPITAL CAMPAIGN, NET OF EXPENSES, SHALL BE DESIGNATED BY THE BOARD AS BOARD DESIGNATED ENDOWMENT FUNDS. AT THE TIME THAT THE ENDOWMENT FUND REACHES \$2,000,000, AN INVESTMENT MANAGER WILL BE CHOSEN TO INVEST THE PORTFOLIO, WITH A GOAL TO PRESERVE THE REAL PURCHASING POWER OF THE ASSETS AND MAXIMIZE YIELD ON INVESTMENT WHILE DIVERSIFYING RISK. THE OBJECTIVE IS TO ATTAIN A REAL TOTAL RETURN OF AT LEAST 5% OVER THE LONG TERM. AFTER THE FUND REACHES \$2,000,000, THE DISTRIBUTION OF SPENDABLE INCOME TO SUPPORT OPERATION OF THE SCHOOL WILL BE 0-5% OF THE AVERAGE MARKET VALUE FOR THE PRECEDING 12 QUARTERS.

SCHEDULE D, PART XII, QUESTION 4B

\$190,643 WAS ORIGINALLY INCLUDED AS AN EXPENSE IN THE REVENUE SECTION OF THE AUDIT, BECAUSE IT WAS THE AMOUNT BY WHICH TUITION INCOME WAS REDUCED DUE TO GRANTS.

SCHEDULE D, PART XII, QUESTION 2D

\$5,167 GAIN ON SALE OF ASSET ORIGINALLY ON EXPENSE SIDE OF AUDIT
 - \$2,680 FUNDR. EVENT EXPENSES ORIGINALLY ON EXPENSE SIDE OF AUDIT

 \$2,487 TOTAL

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XIII, QUESTION 2D

\$5,167 FUNDR. EVENT EXPENSES MOVED TO INCOME SIDE OF TAX RETURN

- \$2,680 GAIN ON SALE OF ASSET MOVED TO INCOME SIDE OF TAX RETURN

\$2,487 TOTAL

SCHEDULE D, PART XIII, QUESTION 4B

\$190,643 WAS ORIGINALLY INCLUDED AS AN EXPENSE IN THE REVENUE SECTION OF THE AUDIT, BECAUSE IT WAS THE AMOUNT BY WHICH TUITION INCOME WAS REDUCED DUE TO GRANTS.

SCHEDULE D, PART X, QUESTION 2

THE SCHOOL IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION IS INCLUDED IN THE SCHOOL'S CONSOLIDATED INCOME TAX RETURN. THE SCHOOL AND THE ASSOCIATION ANNUALLY EVALUATE ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE SCHOOL AND THE ASSOCIATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization

THE CHILDREN'S SCHOOL

Employer identification number

58-1091170

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) NONDISCRIMINATORY POLICY IS PUBLISHED IN VARIOUS LOCAL NEWSPAPERS AND JOURNALS DURING THE PERIOD OF SOLICITATION FOR STUDENTS. THE POLICY IS ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE AND IN ADMISSION BROCHURES.	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	X	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		X
7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	X	

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

Schedule E (Form 990 or 990-EZ) 2009

JSA
9E1273 2 000

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		AUCTION (event type)	HALLOWEEN CARN. (event type)	3 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	121,180.	10,056.	16,585.	147,821.
	2	Less Charitable contributions	50,378.	0.	0.	50,378.
	3	Gross income (line 1 minus line 2)	70,802.	10,056.	16,585.	97,443.
Direct Expenses	4	Cash prizes	0.	0.	0.	0.
	5	Noncash prizes	6,100.	0.	0.	6,100.
	6	Rent/facility costs	6,500.	0.	0.	6,500.
	7	Food and beverages	12,206.	1,138.	0.	13,344.
	8	Entertainment	0.	925.	0.	925.
	9	Other direct expenses	9,544.	6,088.	11,712.	27,344.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(54,213.)
	11	Net income summary Combine line 3, column (d), and line 10				43,230.

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

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

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c	If "Yes," enter name and address of the third party		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

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 Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NEED BASED FINANCIAL ASSISTANCE	35	190,643	0	FMV	N/A

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

SCHEDULE I, PART I, QUESTION 2

THE CHILDREN'S SCHOOL USES NAIS SERVICE SSS TO CALCULATE NEED OF INDIVIDUALS WHO APPLY. FROM THIS INFORMATION, WE ADD INFORMATION THE FAMILY PROVIDES DIRECTLY TO THE SCHOOL ON OUR FORM IN ADDITION, WE REQUIRE THE INDIVIDUALS TO PROVIDE COPIES OF TAX RETURNS, W-2'S, 1099'S AND ANY OTHER INCOME FORM BASED ON NEED, WE AWARD FINANCIAL AID, GIVING PRIORITY TO RETURNING STUDENTS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S SCHOOL

Employer identification number
58-1091170

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization? **6a** X
- b** Any related organization? **6b** X

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARCIA P. SPILLER	(i)	213,305	10,500	16,188	16,713	7,886	264,592	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, QUESTION 7

THE CHILDREN'S SCHOOL EXECUTIVE COMMITTEE ASSESSES THE PERFORMANCE OF THE

HEAD OF SCHOOL EACH YEAR BASED ON ASSESSMENT CRITERIA. BASED ON THIS

EVALUATION, THE BOARD AWARDS A BONUS, BASED ON PERFORMANCE, WITH A CAP OF

THE TOTAL AMOUNT THAT CAN BE AWARDED



**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

THE CHILDREN'S SCHOOL

Employer identification number

58-1091170

Part 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 determining revenues
1 Art-Works of art	X	15	7,610.	FMV
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		1,426.	FMV
5 Clothing and household goods	X		4,709.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	3	3,797.	FMV
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	X	1	469.	FMV
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles	X	5	1,750.	FMV
19 Food inventory	X	32	4,920.	FMV
20 Drugs and medical supplies	X	6	2,506.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		82.	17,742.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

Part II **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

SCHEDULE M, PART I

THE CHILDREN'S SCHOOL HOLDS AN ANNUAL AUCTION TO WHICH PARENTS AND
COMMUNITY MEMBERS DONATE ITEMS TO THE SCHOOL TO RAISE MONEY. THE NET
PROCEEDS OF THE AUCTION ARE AWARDED THE FOLLOWING YEAR FOR FINANCIAL AID.

Part II 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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTHER AUCTION RELATED DON	X	82	17,742.	FMV
TOTALS		<u>82.</u>	<u>17,742.</u>	

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHILDREN'S SCHOOL

Employer identification number

58-1091170

ATTACHMENT 2

FORM 990, PART VI, QUESTION 11

THE CHILDREN'S SCHOOL BOARD OF DIRECTORS REVIEWED THE FORM 990 IN ITS ENTIRETY. THE FINANCE AND BUDGET COMMITTEE MET AND REVIEWED THE 990 PRIOR TO ITS FILING AND THE ENTIRE FORM WAS PUT ON AN INTERNAL WEBSITE, WITH ACCESS BY ALL BOARD MEMBERS FOR 30 DAYS PRIOR TO FILING.

FORM 990, PART VI, QUESTION 12C

ANNUALLY, THE BUSINESS OFFICE AND DIRECTOR OF HR DISTRIBUTE A CONFLICT OF INTEREST POLICY TO ALL EMPLOYEES, BOARD OF DIRECTORS, AND MAJOR INDEPENDENT CONTRACTORS. ATTACHED TO THE LIST IS A LIST OF THE SCHOOL'S MAJOR VENDORS. WE ASK ALL EMPLOYEES TO REVIEW AND SIGN AND DISCLOSE ANY CONFLICTS, AND WE ASK THEM TO UPDATE THE SCHOOL IF ANYTHING CHANGES DURING THE YEAR. IF THERE IS A CONFLICT, THE BOARD IS NOTIFIED AND HAS GUIDELINES ON HOW TO PROCEED.

FORM 990, PART VI, QUESTION 15A & 15B

THE COMPENSATION FOR THE HEAD OF THE SCHOOL IS SET BY CONTRACT AND IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS USES BOARD SOURCE, AND THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS) BENCHMARKING REPORTS TO DETERMINE IF THE COMPENSATION IS COMPETITIVE. IN ADDITION, THE BOARD REVIEWS THE SOUTHERN ASSOCIATION OF INDEPENDENT SCHOOLS AND LOCAL COMPETITIVE SCHOOL SALARIES AND BENEFITS BY COMPARING OTHER COMPENSATION THROUGH THE 990 REPORTING ON GUIDESTAR. THE HEAD OF SCHOOL SETS THE SALARIES FOR THE BUSINESS

Name of the organization THE CHILDREN'S SCHOOL	Employer identification number 58-1091170
<u>ATTACHMENT 2 (CONT'D)</u>	

MANAGER, THE ASSOCIATE HEAD OF SCHOOL AND THE DIRECTOR OF HUMAN RESOURCES. THESE SALARIES ARE REVIEWED AGAINST COMPARABLE SCHOOLS THROUGH GUIDESTAR AND BENCHMARKING THROUGH NAIS.

FORM 990, PART VI, QUESTION 19

THE CHILDREN'S SCHOOL MAINTAINS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT ON SITE IN THE BUSINESS MANAGERS OFFICE. THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC, SCHOOL'S DONORS, BANK OFFICERS, AND PARENTS FOR REVIEW IN THE OFFICE UPON REQUEST.

FORM 990, PART III, QUESTION 1

THE MISSION OF THE CHILDREN'S SCHOOL IS TO ENRICH MINDS AND INSPIRE DREAMS. OUR VISION IS FOR THE CHILDREN'S SCHOOL TO BE THE DIVERSE ELEMENTARY SCHOOL THAT NURTURES CHILDREN THROUGH THE RIGORS OF ACADEMIC CHALLENGES AND PRODUCES COMPASSIONATE CHILDREN OF STRONG CHARACTER WHO GROW UP TO BE RESPONSIBLE, PRODUCTIVE, GLOBAL CITIZENS. THE CHILDREN'S SCHOOL WAS FOUNDED IN 1970 AND EDUCATES UP TO 416 STUDENTS FROM AGE 3 THROUGH SIXTH GRADE, IN A CAMPUS CONSISTING OF TEN BUILDINGS LOCATED IN THE HEART OF MIDTOWN ATLANTA. IN ADDITION, THE CHILDREN'S SCHOOL OFFERS DYNAMIC AFTER-SCHOOL CLASSES THROUGH ITS EXTRACURRICULAR EDUCATION PROGRAM (ECEP), WHICH ALLOWS CHILDREN TO CONTINUE LEARNING AFTER THE SCHOOL DAY ENDS. THE PROGRAM INCLUDES DISCOVERY UNTIL 6 P.M, 8 WEEKLY SESSIONS OF RECREATIONAL SUMMER DAY CAMPS, 2 SESSIONS OF ENRICHMENT CLASSES, AND SERVES BOTH STUDENTS ATTENDING THE CHILDREN'S SCHOOL AND STUDENTS FROM THE LOCAL COMMUNITY.

CONSOLIDATION

FOR TAX PURPOSES, THE CHILDREN'S SCHOOL IS CONSOLIDATED WITH A

Name of the organization THE CHILDREN'S SCHOOL	Employer identification number 58-1091170
---	--

ATTACHMENT 2 (CONT'D)

DISREGARDED ASSOCIATION, THE CHILDREN'S SCHOOL PARENTS' ASSOCIATION, AND
TREATED AS ONE, COMBINED LEGAL ENTITY.

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KAISER PERMANENTE ONE KAISER PLAZA, 21B OAKLAND, CA 94612	HEALTH INSURANCE	286,270.
TOTAL COMPENSATION		<u>286,270.</u>

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	17,586			17,586
TOTALS	<u>17,586</u>			<u>17,586</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUCTION	50,378.
HALLOWEEN CARNIVAL	0.
FAIR, TCS, ETC.	0.
TOTAL	<u>50,378.</u>

Name of the organization THE CHILDREN'S SCHOOL	Employer identification number 58-1091170
---	--

ATTACHMENT 6FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
AUCTION	70,802.	34,350.	36,452.
HALLOWEEN CARNIVAL	10,056.	8,151.	1,905.
FAIR, TCS, ETC.	16,585.	11,712.	4,873.
TOTALS	<u>97,443.</u>	<u>54,213.</u>	<u>43,230.</u>

ATTACHMENT 7FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
TUITION RAFFLE	7,625	6,100.	1,525
TOTALS	<u>7,625</u>	<u>6,100</u>	<u>1,525</u>

ATTACHMENT 8FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	1,952.
PREPAID INSURANCE	0.
TOM R TODD SERVICE AWARD	-1,889.
TOTALS	<u>63.</u>

ATTACHMENT 9

Name of the organization THE CHILDREN'S SCHOOL	Employer identification number 58-1091170
---	--

ATTACHMENT 9 (CONT'D)

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SUNTRUST

BEGINNING BALANCE DUE	1,690,140.
ENDING BALANCE DUE	<u>1,596,676.</u>
 TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	 <u>1,690,140.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,596,676.</u>

ATTACHMENT 10

SCHEDULE E - EXPLANATION FOR LINE 6A

THE FUNDS USED FOR TEACHER EDUCATION PROGRAMS.

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

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No **27**

Name(s) shown on return THE CHILDREN'S SCHOOL	Identifying number 58-1091170
--	--------------------------------------

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
--	---

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

2	(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 43	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	2,680.
9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	31,591.

Part II Ordinary Gains and Losses(see instructions)

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

11 Loss, if any, from line 7	11	()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	2,680.
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 35 and 42a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	2,680.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below	
a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14.	18b

For Paperwork Reduction Act Notice, see separate instructions Form **4797** (2009)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	BUS	VARIOUS	VARIOUS
B			
C			
D			
These columns relate to the properties on lines 19A through 19D		Property A	Property B
20	Gross sales price (Note: See line 1 before completing)	20 2,680.	
21	Cost or other basis plus expense of sale	21 0.	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis Subtract line 22 from line 21	23 0.	
24	Total gain Subtract line 23 from line 20	24 2,680.	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291			
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage (see instructions)	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

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

30	Total gains for all properties Add property columns A through D, line 24	30 2,680.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32 2,680.

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

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Type or print	Name of Exempt Organization THE CHILDREN'S SCHOOL	Employer identification number 58-1091170
	Number, street, and room or suite no. If a P O box, see instructions 345 TENTH STREET, NE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ATLANTA, GA 30309	

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

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

• The books are in the care of ▶ LIZ LEBLANC

Telephone No ▶ 404 873-6985 FAX No ▶ 404 607-8565

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶ calendar year _____ or
- ▶ tax year beginning 06/01, 2009, and ending 05/31, 2010

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

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

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