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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public

A Fo	r the	2009 ca	endar yea	r, or tax year beginning	07-01-2009 and ending 06-30-2010)		
B Che	eck ıf a	pplicable	Please	C Name of organization WESLEYAN SCHOOL INC			D Employer	identification number
┌ Add	lress cl	hange	use IRS label or				58-2147	
┌ _{Nar}	ne cha	inge	print or	Doing Business As			E Telephone	number
┌ Inıt	ial retu	ırn	type. See Specific	Number and street (or P	D box if mail is not delivered to street addres	s) Room/suite	(770) 44	
┌ Ter	mınate	ed	Instruc- tions.	5405 SPALDING DRIVE			G Gross recei	ots \$ 20,069,756
┌ Am	ended	return		City or town, state or cou			1	
Г _{Арг}	olication	n pending		NORCROSS, GA 3009226	14			
			F Nar	L ne and address of princi	pal officer	H(a) In th	■ ⊔s a group ret	urn for
			S ZACI	HRY YOUNG .	par simesi		ates?	urn for
				SPALDING DRIVE ROSS,GA 300922614				
			Nonci	(000,0/(000)22011			ll affiliates incl	
Ta	x-exen	npt status	▽ 501(c)) (3) ◀ (insert no)	947(a)(1) or 527		o, attach a ii up exemption	st (see instructions) number ►
	ehsit (₽: № W/W/W	weslevan	school org		11(0)		
				-	<u> </u>			Τ
	n of or rt I		•	tion Trust Association	Other ►	L Year of fo	ormation 1963	M State of legal domicile GA
Pa	1			e organization's mission	n or most significant activities			
	•	Education	n/Indepe	ndent K-12th Grade Sch	nool Mission To be a Christian schoo			
a					uided by Christian principles and beli	efs, by challe	enging and nu	rturing the mind, body,
Governance		spirit, ar	na by aeve	eloping responsible stew	rardship in our changing world			
Ē								
Š								
	2	Check th	nis box 🛏	if the organization dis	continued its operations or disposed	of more than	25% of its ne	et assets
Activities &	3	Number	of voting r	members of the governir	ng body (Part VI, line 1a)			321
₽	4	Number	ofindeper	ndent voting members o	fthe governing body (Part VI, line 1b)	•	421
Ř	5	Total nu	mber of er	nployees (Part V , line 2	a)			5316
ă,	6	Total nu	mber of vo	olunteers (estimate if ne	cessary)			6
	1	_			om Part VIII, column (C), line 12 .	•		7a
	Ь	Net unre	lated busi	iness taxable income fro	om Form 990-T, line 34			7b 0
						Pric	or Year	Current Year
g)	8				1h)		1,702,979	
Revenue	9	-		revenue (Part VIII, line		16,793,911	· · · · · ·	
ž	10				A), lines 3, 4, and 7d)		1,120,328	<u> </u>
	11		,	, , , , , , , , , , , , , , , , , , , ,	nes 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12				nust equal Part VIII, column (A), line		19,617,218	20,069,756
	13				(, column (A), lines 1-3)		0	0
	14	Benefit	s paid to c	or for members (Part IX,	column (A), line 4)		0	0
	15	Salarıe	s, other co	ompensation, employee	benefits (Part IX, column (A), lines 5	_		
Expenses		10)					13,578,765	13,939,033
কু	16a	Profess	sional fund	Iraising fees (Part IX, co	olumn (A), line 11e)		0	0
五	Ь	Total fun	draising exp	enses (Part IX, column (D), l	ıne 25) ▶ 330,249			
	17	Othere	expenses	(Part IX, column (A), lın	es 11a-11d, 11f-24f)		8,957,347	8,434,075
	18		•	•	equal Part IX, column (A), line 25)		22,536,112	22,373,108
	19	Revenu	ie less exp	penses Subtract line 18	from line 12		-2,918,894	-2,303,352
ጅ <u>ኞ</u>						_	g of Current	End of Year
Not Assets or Fund Balances	20	Totala	ccate /Dr.	rt Y line 16\			/ear 102,200,695	94,766,857
A B	21						18,762,936	· · · · ·
2 E	22				e 21 from line 20		83,437,759	
	t III		ture Bl		21 110111 111110 20 1 1 1 1 1 1		03,437,733	01,773,120
		_			xamined this return, including accompanying	schedules and s	statements, and	to the best of my knowledge
					ation of preparer (other than officer) is based			
S:		1						
Sign Here		Signa	ture of office	er		2011- Date	-02-14	
		1, 1						
			m J Coxhead or print nam	d Director of Business and Firme and title	апсе			
					Date C	heck if	Prenarer's ide	entifying number
De: 4		Preparer's signature			Se	elf-	(see instruction	
Paid	arar ⁱ -	empolyed I						
Prepa Use (ıf self-employed),						
U 36 (Jilly		and ZIP + 4	r -				
							Phone no 🕨	
Mayl	he IR	S discus	s this retu	rn with the preparer sho	wn above? (see instructions)			ΓYes ΓNο

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Education/Independent K-12th Grade School To be a Christian school of academic excellence by providing each student a diverse college preparatory education guided by Christian principles and beliefs by challenging and nurturing the mind, body, spirit and by developing responsible stewardship in our changing world

2	Did the organization un the prior Form 990 or 9				r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on Sc	hedule O			
3	Did the organization ce services?				onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedu	le O			
4		501(c)(4) organizati	ons and section	on 4947(a)(1) trusts	e largest program services by are required to report the amo service reported	
4a	(Code) (Expenses \$	20,268,062	ıncludıng grants of \$	0) (Revenue \$	17,424,748)
	High School located on 8 is a 480 seat theater, a bla 7 tennis courts, a football s	0+ acres with 8 main buinck box theater, drawing, stadium and track, a 10 laterior enrollment for the year v	ldings, 9 faculty h painting and cera ne/2 divewell na vas 1091 The 10	nouses, 3 chapels, 2 librar amic rooms, middle and h tatorium, baseball stadiur	eparatory curriculum in 3 divisions. Lies, 2 dining halls, and 7 computer la igh school bands and chorale studios n, softball stadium, large fields for so id to 103 different colleges and unive	bs For the Arts programs, there For Athletics, there are 4 gyms, occer and lacrosse, and a full
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service (Expenses \$		edule O) uding grants o	f\$	O) (Revenue \$	0)
4e	Total program service	expenses > \$	20,268,06	2		
		<u> </u>	, , , ,			

	Part IV	Checklist	of Red	uired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		N o
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	10	Yes	
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
	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	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		Νο
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	18		Νο
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	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

orm	990 (2009)			Page 4
Par	Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		Νο
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N o
h	return?	3a 3b		No
a	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		Νo
b	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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
ì	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	.,	Νo
g L	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	Yes	
"	required?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
≀a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Wesleyan School Inc 5405 Spalding Drive Norcross, GA 300922614

(678) 223-2256

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

Se	processes, or changes in Schedule O. See instructions. ection A. Governing Body and Management			
<u> </u>	and it covering body and management		Yes	No
_				
1a		21		
b		21		
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		No
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa filed?	s 4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	. 6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of th governing body?	e 7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
So	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	n?		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rist to conflicts?	e 12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	. 13		Νο
14	Does the organization have a written document retention and destruction policy?	. 14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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 taxable entity during the year?	a 16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	104		110
	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of	the err	n 130 + 10 -	, L
20	Gerald W Littleton	the orga	11112 a t101	-

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Officer Institutional Trustee Individual trustee or director		Highest compensated employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

1b Total	884,434	0	884,434

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►7

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
Blue Cross Blue Shield of Georgia P O Box 100376 Atlanta, GA 30384	Health Insurance	1,377,982
Sage Dining Services Inc 222 Bosley Avenue Chicago, IL 60695	Food Services	778,703
Perimeter Staffing LLC 39018 Treasury Center Chicago, IL 60695	Temp Labor/Cleaning & Grounds Maintenance	295,129
Johnson & Bryan Inc P O Box 20138 Atlanta, GA 30325	Liability Insurance	117,900
ValleyCrest Landscaping P O Box 404083 Atlanta, GA 30340	Yard, fields landscaping services	144,905
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Page 8

Form 9								Page 9
Part \	<u>/+++</u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated camp	aigns 1a	0				
ar our	b	Membership due	es 1b	0				
ું.≝	c	Fundraising eve	nts 1c	0				
<u>≅</u> ,≅	d	Related organiza						
u S Si B	е	Government grants		0	ļ			
Contributions, gifts, grants and other similar amounts	f g	Noncash contrib	ns, gifts, grants, and 1f ncluded above outions included in	2,365,812				
Con	h	lines 1a-1f \$ Total. Add lines	1a-1f	•	2,365,812			
e⊒	3-	Turkey Neb of Door		Business Code				
even	2a b	Tuition, Net of Disco		611,110	16,954,407	16,954,407	0	
か 発	c	Auxillary Student Pre		611,110	342,647	342,647	0	
Š	d	Miscellaneous Incom		611,110	32,414 95,280	32,414 95,280	0	
₹.	e	- Insection theorem		011,110	93,280	93,280		
Tan L	f	All other program	m service revenue		0	0	0	0
Program Serwce Revenue	•				ŭ ,	0		
	g 3		2a-2f		17,424,748			
	•		ome (including dividend ramounts)	_	279,196	0	0	279,196
	4		ment of tax-exempt bond p	-	0	0	0	0
	5	Royalties		• [0	0	0	0
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incom	ne or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) O ther				
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)	0	0				
	d 8a	Gross income fr	om fundraising	· · · · · · ·				
Other Revenue	ь	events (not inclus) of contributions See Part IV, line	uding 0 reported on line 1c)					
ō	С	Net income or (I	oss) from fundraising e	vents 🛌				
	9a	Gross income fro See Part IV, line	om gaming activities e 19 a					
	b c		oenses b oss) from gaming activ	rities				
	10a	Gross sales of II returns and allov						
	b c	Less cost of go	-	ntory •				
	۲	Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other revenu	e					
	e	Total. Add lines	11a-11d		0			
	12	Total revenue. S	See Instructions	. ▶	20,069,756	17,424,748	0	279,196

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
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	0		
5	Compensation of current officers, directors, trustees, and key employees	258,719	155,231	51,744	51,744
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	0	0	0
7	Other salaries and wages	11,167,135	10,232,795	775,829	158,511
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	547,393			8,221
9	Other employee benefits	1,131,499		 	10,767
10	Payroll taxes	834,287	603,794	 	13,934
11	Fees for services (non-employees)	55.1/257	353,731	210,005	15,551
a	Management	0	0	0	0
b	Legal	6,511	0		0
c	Accounting	21,700	0	 	0
_	-	21,700		,	
d	Lobbying	_	_	0	
e •	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0		+	0
g	Other	0	_	-	0
12	Advertising and promotion	21,522	0	,	0
13	Office expenses	22,922	,	·	
14	Information technology	120,339	110,190	9,134	1,015
15	Royalties	0	0	-	0
16	Occupancy	0		1	0
17 18	Travel	0	0	0	0
10	state, or local public officials	0	0	+	0
19	Conferences, conventions, and meetings	14,283	0	14,283	0
20	Interest	41,115	0	41,115	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,312,380	3,312,380	0	0
23	Insurance	190,399	137,087	49,504	3,808
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)				
а	Education Supplies and Expenses	1,235,205	1,073,239	107,899	54,067
b	Equipment Rent and Repairs and Maintenance	1,392,971		 	0
С	Utilities	632,687	632,687	0	0
d	Bad Debt and Write Off Expenses	682,392	682,392	0	0
e	Cafeteria Expenses	517,459	517,459	0	0
f	All other expenses	222,190	,		28,182
25	Total functional expenses. Add lines 1 through 24f	22,373,108		· ·	330,249
26	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	22,373,100	20,200,002	2,111,121	330/213
	campaign and iditations somettation	1	I		

Part X Balance Sheet (A) (B) Beginning of year End of year ol 1 1 Cash—non-interest-bearing 8.085.541 8.798.732 2 2 9,275,245 6,982,032 3 3 4 ol 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ٥l 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 ol 6 Notes and loans receivable, net 7 8 282,632 9 159,850 Land, buildings, and equipment cost or other basis Complete 92.530.735 10a 10a Part VI of Schedule D 70.719,819 **10c** 10b 24.126.515 68.404.220 b Less accumulated depreciation 13.752.217 11 10.333.909 11 ol 12 0 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 85.241 15 15 88.114 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 102,200,695 16 94,766,857 2.409.199 17 2,385,572 17 Accounts payable and accrued expenses . 0 0 18 18 8,751,441 19 10,428,540 19 2,400,000 20 20 0 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 5,202,296 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 173,617 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 18,762,936 12,987,729 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 70.694.947 68,719,506 27 27 Unrestricted net assets 28 10.862.301 28 11.179.111 Temporarily restricted net assets Fund 1.880.511 29 1.880.511 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 83,437,759 81,779,128 33 Total net assets or fund balances Total liabilities and net assets/fund balances 34 102.200.695 94,766,857 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Name of the organization WESLEYAN SCHOOL INC 58-2147411

Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All org	anızatıons	must comp	lete this pai	rt.) See ınst	ructions	
The	organi	zation is	not a private	e foundation because	ıtıs (Forli	nes 1 throu	gh 11, check	only one box)		
1	Γ	A churc	h, conventio	on of churches, or as	sociation of	churches s	ection 170(b))(1)(A)(i).			
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	tach Schedu	le E)				
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descrıl	bed in sectio i	n 170(b)(1)(A	(iii).		
4	Γ			organization operatery, and state	ed in conjund	ction with a l	hospital desc	rıbed ın secti	on 170(b)(1)((A)(iii). Ent	er the
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	perated by a g	jovernmental	unıt descrit	 ped in
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A feder	al, state, or	local government or	government:	al unit descr	ıbed ın secti o	on 170(b)(1)(A)(v).		
7	Γ	describ	ed in	t normally receives a		l part of its s	support from	a government	al unit or fron	n the genera	al public
	_			A)(vi) (Complete Pa described in section		N/vil /Com	nlata Bart II	`			
8 9	<u>'</u>		· ·	t normally receives			•	-	tions mamba	robin foos	and aross
9	'	-		ties related to its ex	• •		• •		•		-
		•			-	=					
			its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							() IIOIII busi	nesses
10	_										
11	<u>'</u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry							arry out the	nurnosas of	
	'	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other							(a)(3). Check		
e	Γ	other th		x, I certify that the con managers and oth							
f		If the o	rganization r	eceived a written de	termination	from the IRS	S that it is a T	Type I, Type I	I or Type III	supporting	organization,
g		check t Since A		006, has the organız	ation accep	ted any gift	or contributio	on from any of	the		,
			g persons? rson who dır	ectly or indirectly co	ntrols, eithe	er alone or to	ogether with p	oersons descr	ribed in (ii)		Yes No
		and (III)	below, the g	overning body of the	the support	ted organiza	tion?			11g(i)	
				r of a person describ		_				11g(ii	
		(iii) a 3	5% controll	ed entity of a person	described ii	n (ı) or (ıı) al	bove?			11g(iii	-
h		Provide	the followin	g information about t	he supporte:	d organizati	on(s)				<u> </u>
(i) Name suppor organiza		e of (ii) (described on Inted EIN Innes 1-9 above or IRC section		Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		otify the tion in f your rt?	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	<u> </u>
Tota	I										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. 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 A (Form 990 or 990-EZ) 2009

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DLN: 93493046000151

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal	l Revenue Service	► Attach to Fe	orm 990. 🟲 See separa	te instructions.		Inspection
	me of the organi				Employer	ridentification number
WES	SLEYAN SCHOOL INC				58-2147	' 4 1 1
Pa	rt I Organi	izations Maintaining Donor A	dvised Funds or (Other Similar F		
	organiz	ation answered "Yes" to Form 99			T	
			(a) Donor adv	/ised funds	(b) Fi	unds and other accounts
	Total number at	·				
<u>.</u>		ributions to (during year) ts from (during year)				
,	Aggregate yian					
5	Did the organiz	e at end of year ation inform all donors and donor advi rganization's property, subject to the	_		l ior advised	☐ Yes ☐ No
5	Did the organiz	ation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit	donor advisors in writ	ing that grant funds	•	pose Yes No
Pai	till Conse	rvation Easements. Complete	ıf the organızatıon	answered "Yes" t	o Form 99	0, Part IV, line 7.
2	Protection Preservati Complete lines	on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a qual ne last day of the tax year	Г	Preservation of a o	certified his	
		·			н	leld at the End of the Year
а	Total number o	f conservation easements			2a	
b	Total acreage r	restricted by conservation easements			2b	
c	Number of cons	servation easements on a certified his	toric structure include	ed ın (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d	
3	Number of cons	servation easements modified, transfe	erred, released, exting	uished, or terminate	d by the org	ganization during
	the taxable yea	ar ►				
ı	Number of stat	es where property subject to conserva	ation easement is loca	ted ►		
5	_	nization have a written policy regarding the conservation easements it holds		ng, inspection, hand	dling of viola	ations, and Yes No
•	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing (conservation easem	nents during	the year ►
•	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	s during the	year ► \$
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the	requirements of sec	tion	┌ Yes ┌ No
•	balance sheet, the organizatio	scribe how the organization reports c and include, if applicable, the text of t n's accounting for conservation easer	the footnote to the org nents	anızatıon's fınancıal	statements	s that describes
ar		izations Maintaining Collection ete if the organization answered '			or Other	Similar Assets.
La	If the organizat art, historical t	cion elected, as permitted under SFAS reasures, or other similar assets held: XIV, the text of the footnote to its fire.	116, not to report in for public exhibition, e	its revenue stateme education or researc	ch in further	
b	historical treas	cion elected, as permitted under SFAS ures, or other similar assets held for owing amounts relating to these items	public exhibition, educ			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1				► \$
	(ii) Assets incl	uded in Form 990, Part X				- \$
2	If the organizat	ion received or held works of art, hist nts required to be reported under SFA			or financial g	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	TITLE Organizations Maintaining Co	illections of Art	, HISTOI	ricai ire	easur	es, or o	tne	r Similai	r ASSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the fo	ollowing th	nat are	a significa	nt u	ise of its co	ollectio	n	
а	Public exhibition		d 🗆	Loan o	rexch	ange progr	ams				
b	Scholarly research		еГ	Other							
c	Preservation for future generations										
1	Provide a description of the organization's content XIV	ollections and expla	ın how th	ey further	the or	ganızatıon	's e>	xempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than							nılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang					answere	d "Y	'es" to Foi	rm 990),	
	Part IV, line 9, or reported an ar										
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for	contribut	ions or	other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	following	table		_		1			
						-			A mou	ınt	
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
a	Did the organization include an amount on F	orm 990, Part X, line	21?						Г	Yes	│ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete									N Faur Va	a ro. Da ale
a	Beginning of year balance	(a)Current Year 2,659,686	(b)Prid	or Year 2,602,596	<u> </u>	o Years Back	<u>(a</u>)Three Years	васк (е	e)Four Ye	ears Back
a b	Contributions	47,310		283,620			+				
c	Investment earnings or losses	314,723		-416,984							
d	Grants or scholarships	. 0		31,885			+				
e		123,682		0							
	and programs										
f	Administrative expenses	0		0							
g	End of year balance	2,898,037		2,437,347							
	Provide the estimated percentage of the year	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	8 % %									
Ь	Permanent endowment ► 92 % %	ı									
c	Term endowment ► 0 % %										
a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held	and ad	mınıstered	d for	the			
	organization by (i) unrelated organizations								3a(i)	Yes Yes	No_
	(ii) related organizations			• •	•		•		3a(ii)	1 63	N o
ь	If "Yes" to 3a(II), are the related organization			dule R?			٠.		3b		
Ļ	Describe in Part XIV the intended uses of th										
aı	t VI Investments—Land, Building	s, and Equipme	nt. See	Form 99	0, Pa	rt X, line	10.				
	Description of investment			(a) Cost or o		(b) Cost or ot basıs (othe		(c) Accumul depreciation		(d) Boo	k value
.a	Land		,	11,85	52,820		0			11	1,852,820
b	Buildings		. $ abla$	69,84	2,554		0	14,40	2,280	55	5,440,274
С	Leasehold improvements		.		0		0		0		(
d	Equipment		. $ abla$	6,73	32,407		0	6,01	4,420		717,987
e	Other		. \vdash	4,10	02,954		0	3,70	9,815		393,139

68,404,220

(a) Description of security or category		d of valuation
(including name of security)	(b) Book value	f-year market value
Financial derivatives	0	С
Closely-held equity interests	0	
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	f-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
(a) Descrip		(b) Book value
Construction In Progress		88,114
	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		 88,114
	, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Inne 12) Inne 25) Inne 25) Inne 1 Inne 1 Inne 1 Inne 1 Inne 1 Inne 12	tatements		1 2 3 4 5 6 7 8 9 10 cer Retu	20,069,756 22,373,108 -2,303,352 644,721 0 0 0 0 644,721 -1,658,631
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udited Financial Statement O, Part VIII, line 12	tatements		5 6 7 8 9 10	0 0 0 0 644,721 -1,658,631
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ted financial statement), Part VIII, line 12 • • • • • •	. 2a		l I	
, Part VIII, line 12	. 2a	644 721	1	20,714,477
		644 721		
		644 721		
	24	011,721		
	2D	0		
	2c	0		
	. 2d	0		
			2e	644,721
			3	20,069,756
12, but not on line 1				
, Part VIII, line 7b .	4a	0		
	4b	0		
			4c	0
equal Form 990, Part I	(, line 12)		5	20,069,756
Audited Financial S	Statemer	nts With Expense:	s per Re	turn
			1 1	22,373,108
. Part IX. line 25				
	. 2a	l		
		0	1	
	2c	0	1	
	. 2d	0		
			2e	0
			3	22,373,108
, but not on line 1:				
, Part VIII, line 7b .	. 4a	0		
	. 4b	0	1	
			4c	0
l equal Form 990, Part	I, line 18)		5	22,373,108
	equal Form 990, Part I Part IX, line 25 Part IX, line 25 but not on line 1: Part VIII, line 7b	2b 2c 2d	2b 0 2c 0 2d 0	2b

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Scholarships and Financial Aid, Teachers' Salary Assistance
		and Building Maintenance

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

WESLEYAN SCHOOL INC

Name of the organization

Schools

►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.

OMB No 1545-0047

2009

Open to Public

	58-2147411			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Advertisement in local newspaper, The Atlanta Journal and Constitution	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
_	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
o a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	
	990)	1	1 . 55	1

DLN: 93493046000151

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WES	SLEYAN SCHOOL INC				
		58-2147411			
Pa	rt I Questions Regarding Compensation	<u>. </u>			
				Yes	Νο
1a		vided any of the following to or for a person listed in Form 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			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment?	4a		Νo
Ь	Participate in, or receive payment from, a supplemen	tal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the	rebuttable presumption procedure described in Regulations			""

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ		
S Zachry Young (1)	220,772	0	38,977 0	0	l '	262,982 0	245,169 0		
William J Coxhead (i)	141,694 0	0	23,470 0	8,000 0		173,164 0	170,377		
Brian D Kennerly (i)	142,687 0	0	22,749 0	0		165,436 0	155,410		

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	On campus housing for certain employees
	Schedule J, Part I, Line 3	Board determines and approves the Headmaster's compensation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046000151

OMB No 1545-0047

10 1545-002

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization

WESLEYAN SCHOOL INC

Employer identification number 58-2147411

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	990 Return is made available for review by the Finance Committee of the Board of Trustees of for the full Board of Trustees at any time by request
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Board Executive Committee review
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Comparable information obtained by the Board chairman and appropriate compensation of Headmaster review ed, discussed and approved in a formal Board meeting. Other key employees' as well as all other employees' compensation review ed/recommended by Headmaster within the operating budgetary constraints and discussed with Board Chairman. Amounts normally obtained by a percentage adjustment which is discussed in the Finance Committee during the annual budget approval process. and formally presented and approved by the full Board of Trustees.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents are available for review upon written request

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
Education Supplies and Expenses	1,235,205	1,073,239	107,899	54,067	
Equipment Rent and Repairs and Maintenance	1,392,971	1,392,971	0	0	
Utilities	632,687	632,687	0	0	
Bad Debt and Write Off Expenses	682,392	682,392	0	0	
Cafeteria Expenses	517,459	517,459	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week		that Institutional Trustee	•	Highest compensated employee	Former	(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
Raymond A Matherly Coach/Teacher	4 5	;			Х		100,943	0	100,943
Janıce T Azar Asst A D /Coach/Tch	4 5	;			X		102,114	0	102,114
Marc M Khedouri Athletic Director	4 5	;			Х		105,187	0	105,187

Software ID: Software Version:

EIN: 58-2147411

Name: WESLEYAN SCHOOL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tıon ((C) I (check all apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Dr Anna B Tanner Trustee	1 5	X						0	0	0
Susan C Frye Trustee	1 5	X						0	0	0
Thomas M Menefee Trustee	3 0	X						0	0	0
Robert E Binion Trustee, Chairman	5	X						0	0	0
Jill S Felts Trustee	1 5	X						0	0	0
Erıka W Laughlın Trustee	1 5	X						0	0	0
Robert C Atkınson Trustee	1 5	X						0	0	0
Sherrı Austın Trustee	1 5	X						0	0	0
J Frank Bell III Trustee	1 5	X						0	0	0
Daniel B Cowart Trustee	1 5	X						0	0	0
Steven G Deaton Trustee	2 0	X						0	0	0
Raymond C Walker Trustee	1 0	X						0	0	0
Dr William C Warren IV Trustee	1 5	X						0	0	0
Robert W Worthington Trustee	1 5	Χ						0	0	0
William B Stark Trustee	2 0	X						0	0	0
Kim Sutton Adair Trustee	1 5	X						0	0	0
James H Pierce Trustee	1 5	X						0	0	0
Dr Edress H Darsey Trustee	1 5	Χ						0	0	0
Terry K Johnson Trustee	1 5	X						0	0	0
Mark F McIntosh Trustee	1 5	X						0	0	0
Samuel M Parks Trustee	1 5	X						0	0	0
S Zachry Young Headmaster	50			Х	Χ	X		210,691	0	210,691
William J Coxhead Director of Business and Finance	45			X	Χ	X		132,603	0	132,603
Brian D Kennerly Ass't Headmaster for External Affairs	40				Χ	X		132,410	0	132,410
Christopher B Cleveland High School Principal	40					Х		100,486	0	100,486