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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

		the Treasury se Service The organ	ization may have to us	e a copy of this reti	ım to satıs	fy state rep	orting requ		nspection	
A	For the	2009 calendar year, or	tax year beginning	07/01	, 2009, ar	nd ending	06	/30 ,	20 10	
В	Check if a		of organization Little Re	d School House	Inc			D Employer	dentification nu	mber
	Address	I use IRS	Business As					91	6053563	
	Name ch	print or Number	and street (or P O box if mail	s not delivered to street a	iddress)	Room/suite		E Telephone	number	
_	nıtıal ret	see 14 E Ca	asino Rd Ste A					(425)	353-5656	
	Terminat	d [manac-]	town, state or country, and	d ZIP + 4						
	Amende	return	, WA 98208-2628					G Gross receip	ts \$ 2,501	,569
	Applicatio	pending F Name and add	fress of principal officer	Keith Harrell			H(a) Is this	a group return for a	affiliates?□Yes	☑ No
	-		oad Ste A, Everett,				H(b) Area	ill affiliates inclu	ıded? □Yes	□No
_		mpt status	, , , , , , , , , , , , , , , , , , , ,	(a)(1) or			If "No	o," attach a list	(see instructions	s)
_		e: ► www.littlered.org						xemption number		
_		rganization 🗹 Corporation 🔲 1	Trust ☐ Association ☐ Ot	her ►	L Year	of formation	1963	M State of leg	al domicile WA	<u></u>
Ρá	art I	Summary				Davidas		dia abila di a		
		Briefly describe the orga	ınization's mıssıon o	r most signıficant	activities:	Develop	mentally	disabled ea	arly educatio	'n.
é	-	and therapy			· · · · · · · · · · · · · · · · · · ·					
Governance	-					·····RE	CETY	/En	}	
Тe	-						<u> </u>	<u> </u>		
Ó		Check this box ▶ ☐ if the o	-			没 Ι				12
مح		lumber of voting memb				MA S	NY 09 2	201 3 5		13
ţį.	ſ	lumber of independent	•		dy (Part Vi	iµline 1b)		5 1		
Activities		otal number of employ			[-	OG	DEVI	1 76		200
₹	i	otal number of volunte	•	• •			UEN,	$\frac{U_{7a}}{7a}$		0
		otal gross unrelated bu let unrelated business t				12	•	7b		0
	<u> </u>	vet unirelated business i	axable income irom	FORM 990-1, line	<u> </u>	' ' 1-	Prior Ye		Current Year	_ <u> </u>
		Name	- /Da.+ \//// /: 4 h\					299,377		5,065
an		Contributions and grants				•		802,460	1,759	
Revenue	1	Program service revenue	, ,					132,917		0,763
æ		nvestment income (Parl Other revenue (Part VIII,			 and 11a\	· ·		130,808		7,778
		otal revenue—add lines				12)		099,728	2,202	
		Grants and similar amou		•		/		0		0
	1	Benefits paid to or for m			0,	.		0		0
es		Salaries, other compensa	•		 (Δ) lines 5	-10)	1,	743,301	1,738	3,087
Expenses		Professional fundraising		•	, y, m100 0	,		0		0
ă		Total fundraising expense	*		146,4	l95 🥳⁵	1 7 11	5 4 (SE & S	·, · · · · ·	· 1
	•	Other expenses (Part IX						567,461	461	1,510
		Total expenses. Add line					2,	310,762	2,199	9,597
	19	Revenue less expenses.	Subtract line 18 from	line 12	· · · · · · · · · · · · · · · · · · ·		-	211,034		3,392
Assets or						Ве	ginning of C	urrent Year	End of Year	
sets	20	Total assets (Part X, line	e 16)			🗀	4,	015,863	4,003	3,583
t As	21	Total liabilities (Part X, Ii					1,	047,284	957	7,283
S S	22	Net assets or fund balar	nces. Subtract line 2	1 from line 20	<u> </u>		2,	968,579	3,046	6,300
Pa	art II	Signature Block					_			
		Under penalties of perjury, I and belief, it is true, correct,	declare that I have examin	ed this return, including	g accompan	ying schedule	es and stater	nents, and to the	ne best of my know	owledge
		and belief, it is true, correct,	and complete declaratio	ii oi preparei (otilei tii	an onicer, is	based on an	ı illioimation	of which prepare	iei nas any kno	neage
Siç	gn	KE	XX-11					4/2///	<u>/</u>	
He	re	Signature of officer	$\nu \nu$				Dat	e/ /		
		Keith Harrell, Tre								——
		Type or print name and	title		<u> </u>	- 10				
		Preparer's	$\cdot d \bigcirc \cap$		Date	Chec self-	'	Preparer's iden (see instruction		
Pai	d	signature	X X mm	g	4.25	empl	loyed 🕨 🔽	, ,	•	
	- parer's	Vicin	, /, 24 0.11.		1.72	-/1		<u> </u>		
	Only	i it selt-emploved) 🖿 –	Vicki Strong				EIN	<u> </u>		
		address, and ZIP + 4	1509 151 PI SW, Lyr				Phone n	o ► (425)	745-6034	
Ma	y the	RS discuss this return	with the preparer she	own above? (see	instruction	ns)	_, .		✓ Yes L	No_

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Developmentally disabled early education
	<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,851,022 including grants of \$ 0) (Revenue \$ 1,759,383) Deal with all aspects of preschool age health and developmental problems, schooling, skills and parent assistance.
	(O. I
4D	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 1,851,022

Par	t IV Checklist of Required Schedules			
	ſ		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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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	ļ	✓_
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	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	√	
•	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.			8.0% 1 / 12
•	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		20,55%	
•	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	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ļ.	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report 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		1
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	1	
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	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? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
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? If "Yes," complete Schedule J	23		✓
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	The state of the s	24d 25a		✓
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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
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		1
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	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 40			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4 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	:	1
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.		*	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	*	» ·	,,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>*</u> -	, 	
	and services provided to the payor?	7a		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	7 · 4	ļ .
	If "Yes," indicate the number of Forms 8282 filed during the year	*	r 2	χ.
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	-	1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	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		
9	Sponsoring organizations maintaining donor advised funds.	-	 	·
a	Did the organization make any taxable distributions under section 4966?	9a 9b	ļ	+-
ь	Did the organization make a distribution to a donor, donor advisor, or related person?.	90		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	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.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	-	+

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓_
6	Does the organization have members or stockholders?	6		✓_
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	2 6		
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9a		✓_
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		A.	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		١.	
	rise to conflicts?	12b	✓	<u> </u>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١,	
•	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	√	SHEWATER S
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		√
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		V
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	101	100	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of in	terest	
	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 reco		of the	
	organization: ► Little Red School House, (425)353-5656			••
	14 E Casino Road Ste A, Everett, WA 98208			

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.

(A)	(B)				C)			tor, or trustee.	(E)	(F)
Name and Title	Average	Positi	on (c	•	•	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Amy Drewel Board Member	2							0	0	0
Same and the same		✓_	-	-			├			
Jeannette Mitchell Board Member	2	,						0	0	0
Dennis Bolger		✓	-	-			╁━╌			
Board Member	2				1			0	0	0
Pam Shoberg		✓		-			┝			
Board Member	2	/						0	0	0
Polly Becker Johnson	<u> </u>	Y	-	\vdash			+-			
Board Member	2	1						0	0	0
lay Nelson		-	 	_	<u> </u>		┼			
Board Member	2	1		ļ				0	0	0
Jim Russell		_		1	-	-	1 -			
Board Member	2	1			i			0	0	0
Tim Burns		. .			-					
Board Member	2	1		1		ļ		0	0	0
Tonia Goodwin		<u> </u>							_	
Board Member	2	1	l	1	1		Ì	0	0	0
Keith Harrell								0	0	0
Treasurer	2			1	<u>L</u>			U	"	
Elizabeth Shea	2							0	0	0
President	<u> </u>			1					0	
Scott Hughes	2							0	0	0
Vice President	 			1			L		0	0
Kaye Phinney	2							0	0	0
Secretary				1			<u> </u>			
Terry Clark	40							92,193	0	o
Executive Director	40	<u> </u>	<u> </u>	1	✓	ļ	<u> </u>	92,193		
	-				ĺ					
	<u> </u>		-				1			

Part VII	Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employees (co	ntınued)
	(A)	(B)			(4	C)	-		(D)	(E)	(F)
Name and title		Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Mey employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total .								>	92,193	0	0
reporta	umber of individuals (including but ble compensation from the organiz	ation ► 0	<u>.</u>								Yes No
employ	e organization list any former office ree on line 1a? <i>If "Yes," complete</i> S	chedule J	for s	uch	ind	ivid	ual				3 ✓
4 For any the org <i>individu</i>	y individual listed on line 1a, is the sanization and related organizations all.	sum of rep greater that	ortab an \$1 	le c 50,0	:om 	pen ? <i>If</i>	satior "Yes,' 	n an " co 	d other compe mplete Schedu	ensation from ule J for such	4 🗸
5 Did an	y person listed on line 1a receive s rendered to the organization? If "	or accrue Yes," com	com plete	pen Sch	sati nedu	ion ule .	from <i>J for</i> :	any sucl	unrelated org	ganization for	5 ✓
	Independent Contractors			_							
	ete this table for your five highest consation from the organization.	ompensate	ed inc	lepe	end	ent 	contr	acto	ors that receive	ed more than \$1	00,000 of
	(A) Name and business ad	dress						_	(B) Description of	services	(C) Compensation
	number of independent contractors (d to	those	e list	ted above) who	received	

Form 9		<u> </u>							Page 9
Part	VIII	Statement of Rev	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Ts	1a	Federated campaigns		1a	110,088				
gra		Membership dues .		1b	0				
ts,		Fundraising events		1c	0				
igi	d	Related organizations		1d	0		ļ		. (
Contributions, gifts, grants and other similar amounts	е	Government grants (contri	butions).	1e	43,207				'
e i	f	All other contributions, gifts, g	rants,						
탕럂		and similar amounts not inclu-		1f	171,770 477				
e e		Noncash contributions include				325,065			
	п	Total. Add lines 1a-1f	-: -: -		Business Code	323,003			
Program Service Revenue	_	Therapy/Educational S	Sarvicas		624100	1,759,383	1,759,383	0	
eve	2a				024100	1,705,505	1,735,303	<u>_</u>	<u>-</u>
e B	b							"	
Z.	C				-				
Š	a						~		
gran	e	All other program servi				0	0	0	0
Po	q	Total. Add lines 2a-2f			▶	1,759,383	*		
	3	Investment income (incother similar amounts)	luding divi	idends	, interest, and	19,711	19,711	0	0
	4	Income from investment of				0	0	0	0
	5	Royalties				0	0	0	0
	1		(i) Real		(ii) Personal				
	62	Gross Rents	11	5,735	0	À	ş- 3;,,	4	, ,
		Less: rental expenses	11	5,156	0	,]
		Rental income or (loss)		579	0	<u>&</u>			
	d	Net rental income or (kg	oss)	<u> </u>	<u>▶</u>	579	579	0	0
	7a	Gross amount from sales of	(i) Securit		(ii) Other	i ä	, 4		* '
		assets other than inventory	14	4,725	21,700				
	b	Less. cost or other basis	1 42	a aoo	14 201	, ,			
		and sales expenses .		0,982 3,743					
	1 .	Gain or (loss)			1,309	31,052	31,052		0
e	d 8a	Gross income from		ing		31,032	, s		
evenue		events (not including \$ of contributions reporte							
s.	1	See Part IV, line 18		· a	114,321				
Other		Less: direct expenses							
Ö	C	Net income or (loss) from	om fundra	ising e	events	66,270	66,270	0	0
	9a	Gross income from gan See Part IV, line 19							
		Less direct expenses Net income or (loss) from		. b					
	10a	Gross sales of inv							
	h	Less: cost of goods so							
	C	Net income or (loss) from	m sales of	invent					
		Miscellaneous Rev			Business Code				
	11a								
	1	·							
	1	All other revenue				929	929	0	0
		Total. Add lines 11a-1			🕨	929			
		Total revenue. See in			<u> </u>	2,202,989	1,877,924	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete colu	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	99,369	49,685	24,842	24,842
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	1,400,599	1,207,431	118,952	74,216
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,969	18,412	2,107	1,450
9	Other employee benefits	76,666	64,244	7,362	5,060
10	Payroll taxes	139,484	116,888	13,391	9,205
11	Fees for services (non-employees):				
а	Management				
b	Legal	792	673	82	37
С	Accounting	55,769	47,348	5,800	2,621
d			***		
_	Professional fundraising services. See Part IV, line 17	-		**	
f	Investment management fees	106,510	98,154	5,756	2,600
_	Other	16,908	55,104	0,100	16,908
12 13	Advertising and promotion	2,097	1,780	218	99
14	Information technology				
15	Royalties				
16	Occupancy	69,353	58,880	7,213	3,260
17	Travel	35,520	34,103	1,417	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	18,558	18,558		
20	Interest	51,774	43,956	5,385	2,433
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	99,845	84,768	10,384	4,693
23	Insurance	29,913	25,394	3,113	1,406
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed	** *		-	
	5% of total expenses shown on line 25 below.) Supplies	43,483	20 AEE	0.774	4 6 5 4
a	Telecommunications	22,872	39,455 19,418		1,254 1,075
b	Equipment rental & maintenance	23,272	19,418		1,075
C	Expenses allocated to rental income	-115,156	-97,883	-11,515	-5,758
d				1,010	-0,,00
e f	All other expenses				
25 26	All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	2,199,597	1,851,022	202,080	146,495
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	174,363	1	79,627
	2	Savings and temporary cash investments	206,568	2	204,083
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	215,238	4	190,713
	5	Receivables from current and former officers, directors, trustees, key			
	_	employees, and highest compensated employees. Complete Part II of			
ş		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	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	9,550	9	10,268
	10a	Land, buildings, and equipment: cost or 10a 3,743,151	* * * * * *		
		other basis. Complete Part VI of Schedule D	* // //		
	b	405 405 720	2,670,942	10c	2,686,421
	11	Investments—publicly traded securities	739,202	11	832,471
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,015,863	16	4,003,583
	17	Accounts payable and accrued expenses	151,784	17	111,665
	18	Grants payable		18	
	19	Deferred revenue		19	•
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		, .	
abi		employees, highest compensated employees, and disqualified	***		*
Ï		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	895,500	23	845,618
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,047,284	26	957,283
nces		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	\$ - \$ 3	,	· * *
ā	27	Unrestricted net assets	2,885,879	27	2,963,600
3al	28	Temporarily restricted net assets	0	28	0
٥	29	Permanently restricted net assets	82,700	29	82,700
or Fund Bala	2.9	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
Ş	30	On the first of the standard o	<u> </u>	30	1
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	2,968,579	33	3,046,300
Z	34	Total liabilities and net assets/fund balances	4,015,863	_	4,003,583

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual 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?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	✓_	<u> </u>
С	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.	2c		
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 Consolidated basis 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?	3a		1
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 Q and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

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

Open to Public Inspection

Name of the organization Employer identification number							ion number					
Littl	e R	ed School Ho							91		053563	
Pai	t I	Reason	for Public Ch	arity Status (All org	ganızat <u>io</u>	ns must	comple	te this p	oart.) See	e instruc	tions.	
The 1 2 3 4	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5								bed in				
6				ernment or governme	ntal unit	described	d ın secti	on 170(b)(1)(A)(v).	•		
7		An organizati described in	on that normally section 170(b)(receives a substantia	al part of a art II.)	ts suppo	rt from a				the general	public
9		An organization receipts from support from	ion that normally activities related gross investment	I in section 170(b)(1)(receives: (1) more that d to its exempt funct ent income and unrel after June 30, 1975.	an 331/3 % ions—sul lated bus	of its sup bject to d siness tax	oport from certain ex cable inc	ceptions ome (les	, and (2) i s section	no more	than 331/3 %	of its
10 11 e	 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 out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type III											
f g		If the organi	, check this box at 17, 2006, has	a written determinati							III support	ing . 🗀
		(i) A persor	who directly or	r indirectly controls, en				h persor	ns describ	oed in (ii) 	11g(i)	No
		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described	d in (i) or						11g(ii) 11g(iii)	
h Provide the following information about the support (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))		(iv) Is the organization (s). (iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support					
		_			Yes	No	Yes	No	Yes	No		
							<u></u>			_		
]				
_					 					_		
										_		
			 		 	ļ	 	-				
					1			1				
	-											

Total

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (c) 2007 (b) 2006 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 586,045 390,912 439,386 2,453,869 545,105 492,421 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 586.045 390,912 439,386 2,453,869 545,105 492,421 Total. Add lines 1 through 3 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) 2,453,869 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 492,421 586.045 390.912 439,386 2.453,869 545,105 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 118,820 67,323 108,579 100,086 135,446 530,254 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 regularly carried on Other income. Do not include gain or loss from the sale of capital assets 0 (Explain in Part IV.) 2,984,123 1457 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 82.23 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/6 support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/6 or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 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

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

	fule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checke				a)(2)		
Sec	tion A. Public Support						
Ca	lendar 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)						
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
	rents, royalties and income from similar sources			i			
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)		<u></u>				<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>		th, or fifth tax y		
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · · 				T .= [:	
15 16	Public support percentage for 2009 (line Public support percentage from 2008)	Schedule A, P	art III, line 15	ne 13, column		15	<u>%</u>
Sec	tion D. Computation of Investme						
17 18	Investment income percentage for 200 Investment income percentage from 200				column (f))	17	%
	331/3 % support tests - 2009. If the org	anization did r	ot check the b	oox on line 14,	and line 15 is r	more than 331/3	%, and line
	17 is not more than 331/3 %, check this b	oox an o stop h	ere. The organ	ızatıon qualifle	s as a publicly	anhhorrea ord	anization 🕨 🗀

b 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
•	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number Little Red School House Inc 91: 6053563 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . . . 2c 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

\$

n	2
Page.	_

cneu	ule D (FOM) 990) 2009									rage 2
Par	t III Organizations Maintaini	ng Collections of	f Art, His	storical	Treasur	es, or C	Other Simila	r Ass	ets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply		ther recore	ds, chec	k any of t	he follo	wing that are	a sigi	nificant u	se of its
а	Public exhibition		d		an or exc	hange p	orograms			
b	Scholarly research		е					. .		
С	Preservation for future generation	ons								
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 s assets to be sold to raise funds rather	than to be mainta	ned as pa	rt of the	organızatı	on's coll	lection?		☐ Yes	
Par	Escrow and Custodial A IV, line 9, or reported an a	rrangements. Co amount on Form	omplete it 990, Part	f the org	ganizatior 21.	answe	ered "Yes" to	Forn	n 990, Pa	art
1a	Is the organization an agent, trustee included on Form 990, Part X?							not	Yes	□ No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table:	_				
	-							Am	ount	
С	Beginning balance					. 10	>			
	Additions during the year					. 10	it			
	Distributions during the year				. <i></i> .	. 19	9_			
f	Ending balance					. [_11				
	Did the organization include an amo	ount on Form 990.	Part X, li	ne 21?					☐ Yes	☐ No
b	If "Yes," explain the arrangement in	Part XIV.								
Pai	rt V Endowment Funds. Co	mplete if the org	anizatior	n answe	ered "Yes	s" to Fo	orm 990, Pai	<u>rt IV,</u>	line 10.	
		(a) Current year	(b) Prior	r year	(c) Two ye	ars back	(d) Three years	back	(e) Four ye	ears back
12	Beginning of year balance	82,700		82,700	31 ·		es, 34.	. ;	ď	* 1
h	Contributions	0		0	\ £.`	*				
D		,,			7	gm - 21	, 48-502	-		* *
C	Net investment earnings, gains, and losses	o		0	1460	, , , , , , , , , , , , , , , , , , ,	, ,			
_		0		0		, o A	٤٠,٠	(4)	12	. 13
	Grants or scholarships				,3°2	*				i
е	Other expenditures for facilities	o		0	*,*	4	4	82		· *
	and programs	0		0		, ,,,,,				1
t g	Administrative expenses End of year balance	82,700		82,700	1885 V		0 1/4		12	;
_	- ·						1		L	
2	Provide the estimated percentage of			ı as.						
a	Board designated or quasi-endown		<u>v</u> %							
b	Permanent endowment ▶1									
С	Term endowment ►									
За	Are there endowment funds not in the	e possession of th	ie organiza	ation tha	t are held	and adr	ministered for	the	[v	es No
	organization by								3a(i)	
	(i) unrelated organizations							•		
	(ii) related organizations							-	3a(ii)	_ -
	If "Yes" to 3a(II), are the related org	anizations listed a	s required	on Scr	ledule K?			•	3b	
4	Describe in Part XIV the intended us					Dart V	l'== 10			
Pa	rt VI Investments—Land, Bu	ılldings, and Eq	uipment	. See F	orm 990,		<u> </u>			
	Description of investment	(a) Cost or ot (investm			st or other s (other)		Accumulated depreciation		(d) Book	value
1a	Land		0		834,390) .		_		834,390
	Buildings		0		2,632,565	5	873,71	3	1,	758,852
	Leasehold improvements		0)	-	0		0
d			0		276,196	3	183,01	7		93,179
e	Other		0					0		0
	al. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10)(c).) .	▶		2	,686,421

Schedule D (Form 990) 2009		Page 3
Part VII Investments—Other Securities	es. See Form 990, Part X	(, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	1	
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		*
Part VIII Investments—Program Relat	ted. See Form 990, Part	K, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		***
Part IX Other Assets. See Form 990, F		<u> </u>
Cart A Carte Cook Com Cook	(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15)	
Part X Other Liabilities. See Form 99	0. Part X. line 25.	
1. (a) Description of liability	(b) Amount	
Federal income taxes	(0,70.00.00	The state of the s
rederal income taxes		The state of the s
		- (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		- district
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		
2. FIN 48 Footnote. In Part XIV, provide the text	of the footnote to the organ	nization's financial statements that reports the
organization's liability for uncertain tax positions	s under FIN 48.	

	t XI Reconciliation of Change in Net Assets from Form 990			\neg	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,202,989
2	Total expenses (Form 990, Part IX, column (A), line 25)		⊢	2	2,199,597
3	Excess or (deficit) for the year. Subtract line 2 from line 1		🗀	4	3,392 74,329
4	Net unrealized gains (losses) on investments		· · · ·	5	74,329
5	Donated services and use of facilities		· · · · ·	6	0
6	Investment expenses		🛏	7	0
7	Prior period adjustments		· · ·	8	0
8 9	Other (Describe in Part XIV.)		1 4	9	74,329
10	Total adjustments (net). Add lines 4 through 8	ine lines 3		10	77,721
	t XII Reconciliation of Revenue per Audited Financial Sta	tements	With Revenue	per	
1	Total revenue, gains, and other support per audited financial statemer			1	2,440,525
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				£
a	Net unrealized gains on investments	2a	74,329		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0	$V_{i,j}^{k}$	
d	Other (Describe in Part XIV.)	2d	163,207	3,5,	() 2 1 1 1 1 1 1 1 1 1
е	Add lines 2a through 2d		<i></i> <u>.</u>	2e	237,536
3	Subtract line 2e from line 1		1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	0		
b	Other (Describe in Part XIV.)	4b	0	14.	
С				4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial St	atement	s With Expense	s p	
1	Total expenses and losses per audited financial statements			1 ~355	2,362,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0- 1			
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c 2d	163,207		
d	Other (Describe in Part XIV.)		103,207	2€	163,207
е	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	1 . 1.			, 2,100,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	0		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b			5,
b	Other (Describe in Part XIV.)	_ 10		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I. line 18		5	
Pal	t XIV Supplemental Information	<u>,,</u>	: ·: · · · ·		
Con and this	plete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4l part to provide any additional information. nedule D, Part V, Line 4 - Support the work of the organization.	b; and Par	t XIII, lines 2d and	I 4b	. Also complete
\$16 Scl	nedule D, Part XII, Line 2d - Direct fundraising event expenses - \$48, 3,207 nedule D, Part XIII, Line 2d - Direct fundraising event expenses - \$48, 3,207	,051, Rent	tal expenses - \$11	15,1	56, Total - 156, Total -
				· • • • •	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Employer identification number Little Red School House Inc 91 6053563 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations f Phone solicitations Special fundraising events c In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of (v) Amount paid to (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza orm 990-EZ, line 6a. L	tion answered "Yes" to	Form 990, Part IV, lir	ne 18, or 5,000.	reported	d
			(a) Event #1 Auction (event type)	(b) Event #2	(c) Other events (total number)	(d) Tot (add col	al events (a) through	h
Revenue	1	Gross receipts	114,321				114	1,321
Re	2	Less: Charitable contributions	0					0_
		minus line 2)	114,321				114	1,321
	4	Cash prizes	0					0
	5	Noncash prizes	0					
sasu	6	Rent/facility costs	0		<u></u>			0
Direct Expenses	7	Food and beverages	14,433		0		14	4,433
Direct	8	Entertainment	0		0			0
	9	Other direct expenses	33,618			,		3,618
	10 11 rt il	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if t	ine line 3, column (d), a	nd line 10		or repo	6	,051) 6,270 ore
		than \$15,000 on Form						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		al gaming (through co	
Re	1	Gross revenue						
ses	2	Cash prizes				ļ		
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	column (d)	•	(· · ·)
	8	Net gaming income summar	y. Combine line 1, colui	mn d, and line 7				
9	Er	nter the state(s) in which the c	organization operates g	aming activities:	••••		Yes	No
t		the organization licensed to o "No," explain:				• •	9a	
							, ,	_
		ere any of the organization's "Yes," explain.		ed, suspended or termin		ar?	10a	
11	 Do	pes the organization operate (gaming activities with n	onmembers?			11	-
12	ls fo	the organization a grantor, be rmed to administer charitable	eneficiary or trustee of gaming?	a trust or a member of			12	

Description of services provided ▶

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

Enter the amount of distributions required under state law to be distributed to other exempt organizations

☐ Independent contractor

Gaming manager compensation ▶ \$

Employee

or spent in the organization's own exempt activities during the tax year ▶ \$

☐ Director/officer

17 Mandatory distributions:

retain the state gaming license?

Schedule G (Form 990 or 990-EZ) 2009

17a

32.0

â٨

SCHEDULE O (Form 990)

Supplemental Information to Form 990

ic questions on

2009
Open to Public Inspection

OMB No 1545-0047

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.

► Attach to Form 990.

Name of the organization	Emplo	yer identification number
Little Red School House Inc	91	6053563
Form 990, Part VI, Section B, Line 11 - The finance committee reviews and presents the fo	rm 990	to the board for their
approval.		
Form 990, Part VI, Section B, Line 12c - The board of directors and executive director are	require	ed to fill out a conflict
of interest questionnaire annually. The forms are compiled and reviewed by the staff acco		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Section B, Line 15 - On an annual basis the board of directors, guided to		
determined the compensation of the executive director based on a review of comparative non-profits as well as Little Red School House's historical practice.	salarie	s of other similar
Tion-profits as well as Little Ned School House's historical practice.		
Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents,	conflic	t of interest policy and
financial statements available to the public upon request.		
•••••••••••••••••••••••••••••••••••••••		
		••••••
		·
		•••••