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Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	CA	

42a The organization's books are in care of CAREN GILBERT Telephone no. 530-756-8630
 Located at 426 WEST EIGHTH STREET, DAVIS, CA DAVIS CA ZIP + 4 95616

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A
 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. See Statement 5

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	X	
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here ▶ 11/11/10
 Signature of officer Date
 ▶ ANGIE HART President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	▶ <u>VIRGIL C. SMITH, CPA</u>	Date	▶ <u>11/10/10</u>	Check if self-employed	▶ <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)	▶ <u>P00204527</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	▶ <u>VIRGIL SMITH CPA</u> <u>200 B ST STE F</u> <u>DAVIS, CA 95616-4548</u>			EIN	▶ <u>942891215</u>		
		Phone no	▶ <u>530-756-3532</u>				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization DAVIS PARENT NURSERY SCHOOL	Employer identification number 94-1210533
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)						
6 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions).					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DAVIS PARENT NURSERY SCHOOL

Employer identification number

94-1210533

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Schedule O (Form 990)	X	

4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)	X	

5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).		X

6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990).		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990).	X	

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUNDRAISING/AU (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1	Gross receipts	60,486.		60,486.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	60,486.		60,486.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,381.		11,381.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			11,381.
11	Net income summary. Combine lines 3, column (d) and line 10			49,105.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col. (c))
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1, column (d) and line 7				

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

Client 3

DAVIS PARENT NURSERY SCHOOL

94-1210533

11/10/10

11:22AM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

8TH ST FACILITY COST	\$ 9,079.
ADMINISTRATIVE COST	612.
BANK CHARGES	225.
DANBURY FACILITY COST	5,199.
DISABILITIES ACT INTERPRETATIO	270.
DONATIONS	-41.
INSURANCE	14,992.
LICENSES	1,601.
MAINTENANCE	6,392.
PARENT CLASSES	454.
PARKING PERMITS	180.
PUBLIC RELATIONS	581.
REGISTRATION COST	337.
SALLEE AWARD	500.
SOFTWARE COST	526.
STAFF DEVELOPMENT	902.
TUITION ASSISTANCE	710.
UTILITIES	4,824.
WEB SITE	590.
Total	<u>\$ 47,933.</u>

Statement 2
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

PRIOR PERIOD ACCRUAL INCOME	\$ 34,430.
Total	<u>\$ 34,430.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
SALLEE MEMORIAL FUND	\$ 1,000.	\$ 1,000.
Total	<u>\$ 1,000.</u>	<u>\$ 1,000.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 58.	\$ 721.
Total	<u>\$ 58.</u>	<u>\$ 721.</u>

11/10/10

11 22AM

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No

DAVIS PARENT NURSERY SCHOOL EXECUTIVE BOARD DIRECTORY 2009-2010

NAME	POSITION	ADDRESS	PHONE	EMAIL
Angie Hart**	President	430 Scripps Dr , Davis, CA 95616	c 304-7511	angiehart@a'nc'
Annemane Zurborg	V P Personnel	3932 Hoopa Pl , Davis, CA 95618	h 758-2877, c 400-8519	zurtofamily@gmail.com
Heather Doherty	V P External Affairs	1119 Los Robles St , Davis, CA 95618	757-1207	hdoherty@yahoo.com
Christine Luty	Secretary			
Mana Clayton	Co-Registrar	135 Ipanema Pl , Davis, CA 95616	h 758-4703 c. (703) 969-1090	manaclayton@gmail.com
Ame Coit	Co-Registrar	3814 Vistosa Ct , Davis, CA 95618	h 756-0287, c 219-8738	amecoit@scripps.net
Kathryn Sale	General Fundraiser	2362 Mack Pl, Woodland, CA 95776	(707) 4109466	katsale2003@yahoo.com
Cindy McReynolds	Auction Co-Chairs			
Debi Thomas	Auction Co-Chairs	3491 Oyster Bay Ave, Davis, CA 95616	(530) 863-8053	debtomomas@shaw.com
Katie Lyon	Auction Co-Chairs	3242 Kellys Island Rd , West Sac, CA 95691	(530) 848-3547	klyon@aol.net
Scott Calvert	Facilities 8th St	878 Linden Ln , Davis, CA 95616	758-4551	scotcalvert@shccglobal.net
Chris Ryan	Facilities 8th St	820 Chnstie Ct , Davis, CA 95618	(530) 231-5356	RYAN1957@msa.com
Sacha Laurn	Facilities Danbury	3425 Koso St, Davis, CA 95618	(530) 867-6833	sachelaurn@gmail.com
Joe DiNunzio	Facilities Danbury	2502 Albany Ave , Davis, CA 95618	(818) 521-5300	joedi@indmanagement.com
Natalie Audage	Newsletter Editor	1206 Valerosa Way, Davis, CA 95618	(530) 564-4044	naudage@gmail.com
Brendan DeFavero	Treasurer Income	1414 Farraqu Circle, Davis, CA 95618	(530) 753-7774	brendendefavero@stapordatum.com
Greg Loge	Treasurer Expenses	2411 Reges Dr , Davis, CA 95618	(530) 746-8778	gregloge@gmail.com
Heidi Laurenson	Purchaser Danbury	2238 Muir Woods Pl , Davis, CA 95616	(530) 758-4847	heid@murcommons.org
Nancy Weyburne	Purchaser 8th St	1407 Gamsom St., Davis, CA 95616	(530) 750-2863	nweyburne@gmail.com
Jen Tucker	PR/Alumni Relations	934 Acacia Ln , Davis, CA 95616	(530) 750-2764	jen.tucker@gmail.com
	Alumni Counsel			
Alison Bolz	2 day session rep	918 Eureka Ave , Davis, CA 95616	(415) 889-3070	albolz@gmail.com
Ameee Posanka	3 day session rep	915 Lucena Ct., Davis, CA 95618	(530) 304-2263	ambayer@skccglobal.net
Kate Duren	Pre-K session rep			
open	5 day am session rep			
Enka Chnsto	Playgroups session rep	2608 Farmers Central Rd , Woodland, CA 95776	(530) 668-0421	enka.cristo@skccglobal.net
Claire Sallee	Grant Wnter	4625 61st , Sacramento, CA 95820	(916) 205-1467	csallee@gmail.com
DIRECTORS				
Jackie Radin**	2 day, 3 day	402 10th St, Davis, CA 95616	759-8064	jackieradin@shccglobal.net
Sandy Rendig**	Monday PG	665 Equador Pl , Davis, CA 95616	758-1837	srendig@shccglobal.net
Becky Montgomery *	5 day am	904 Chestnut Ln , Davis, CA 95616	758-8161	brag2@yahoo.com
Kathy Douglas*	Pre-K, PG, Licensing	1009 Pamplona Dr , Davis, CA 95616	758-9618	kdouglas@shccglobal.net
Rachel Brckman				
ASSISTANT DIRECTORS				
Kathleen Reddick **	2 day am	1406 Whittier Dr , Davis, CA 95618	758-0749	kredrick@aol.com
Tina Lyon **	3 day am	1113 Los Robles St , Davis, CA 95618	747-0568	tlion2005@yahoo.com
Laura Burke *	5 day am	2609 Pepperdine Place, Davis, CA 95618	750-7791	lburke@shccglobal.net
OTHERS				
Caren Gilbert *	Bookkeeper	2602 Amapola Dr , Davis, CA 95616	758-5025	caren.gilbert@a'nc'
Rachel Brckman	Extended Day Director	1117 Pamplona Ave , Davis, CA 95616	757-6012	rbckman72@yahoo.com
Christina Hietbnnk	Extended Day Assistant	1805 Humboldt Ave, Davis CA 95616	852-1083	chietbnnk@gmail.com
Shannon Steele	Extended Day Assistant	510 Arthur Street, #216, Davis, CA 95616	624-6703	steeles@ccca.edu
Laurel Clumpner	Adult School Pnncpal	N/A	757-5380	lclumpner@dus.kk12.edu
Roberta Grant	Adult School Secretary	N/A	757-5380	N/A
Peg Smith	DPNS Foundation President	1309 Aspen Place, 95616	756-8409	N/A
SCHOOL SITES				
426 W Eighth St , Davis 95616		426 W 8th St , Davis, CA 95616	757-5377	
1447 Danbury St , Davis 95618		1447 Danbury St , Davis, CA 95618	757-5375	
* Have keys to 8th St site				
** Have keys to Danbury site				
updated 06/10/10				