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Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

B Check if applicable	C	D Employer Identification Number
<input type="checkbox"/> Address change	The Oaks School 6817 Franklin Avenue Hollywood, CA 90028	95-4106117
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(323) 850-3755
<input type="checkbox"/> Terminated		G Gross receipts \$ <u>4,294,634.</u>
<input type="checkbox"/> Amended return		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
Same As C Above		H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ <u>www.oaksschool.org</u>		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation <u>1986</u> M State of legal domicile <u>CA</u>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>Primary School</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 35
	6 Total number of volunteers (estimate if necessary)	6 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 212,126. Current Year: 539,019.
	9 Program service revenue (Part VIII, line 2g)	2,689,725. 2,918,038.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,733. -20,717.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,356. 71,524.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,144,940. 3,507,864.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,874,433. 1,920,783.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		945,499. 1,050,060.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,099,660. 3,270,351.	
19 Revenue less expenses Subtract line 18 from line 12	45,280. 237,513.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 2,544,572. End of Year: 2,610,291.
	21 Total liabilities (Part X, line 26)	1,068,695. 896,901.
	22 Net assets or fund balances Subtract line 21 from line 20	1,475,877. 1,713,390.

Part II Signature Block

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

Sign Here	Signature of officer <u>CLARISSA MOOP</u>	Date <u>2/11/14</u>		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <u>Michelle L. Walters</u>	Preparer's signature <u>Michelle Walters CPA</u>	Date <u>2/7/14</u>	
	Firm's name ▶ <u>Starr & Walters Accountancy Corporation</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00325630</u>	
	Firm's address ▶ <u>12341 Newport Avenue, Suite D-100</u> <u>Santa Ana, CA 92705</u>	Firm's EIN ▶ <u>33-0623416</u>	Phone no <u>(714) 834-0454</u>	
	May the IRS discuss this return with the preparer shown above? (see instructions)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

Input box for Schedule O check

1 Briefly describe the organization's mission.

Primary School

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No (X) No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No (X) No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,174,152. including grants of \$ 299,508.) (Revenue \$)

The Oaks School provides quality private education, kindergarten through sixth grade, for approximately 150 students.

4b (Code:) (Expenses \$ 28,499. including grants of \$) (Revenue \$)

The Oaks School provides quality after school care services and enrichment programs for those students attending the Oaks School. Approximately 112 students.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,202,651.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	35	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?..		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?.		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?..		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 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 interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ The Oaks School 6817 Franklin Ave. Hollywood CA 90028 (323) 850-3755

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a 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

- 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, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Margo Baxter Chair	1	X		X				0.	0.	0.
(2) Chris Bensinger Vice President	1	X						0.	0.	0.
(3) Barbara Bloom Trustee	1	X						0.	0.	0.
(4) Albert Berger Trustee	1	X						0.	0.	0.
(5) Ron Dotson Trustee	1	X						0.	0.	0.
(6) Mary Beth Kirchner Trustee	1	X						0.	0.	0.
(7) Peter Lizotte Trustee	1	X						0.	0.	0.
(8) Shelley Meals Trustee	1	X						0.	0.	0.
(9) Emily Karaszewski Trustee	1	X						0.	0.	0.
(10) Pamela Shamshiri Trustee	1	X						0.	0.	0.
(11) Emma Nolan Trustee	1	X						0.	0.	0.
(12) Phil Meyer Trustee	1	X						0.	0.	0.
(13) Kelly Spirer Trustee	1	X						0.	0.	0.
(14) James Standish Trustee	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Clarissa Troop Trustee	1	X						0.	0.	0.
(16) Ben Thompson Trustee	1	X						0.	0.	0.
(17) Luz Maria Vela Trustee	1	X						0.	0.	0.
(18) Ted Hamory Head of School	40	X						201,697.	0.	0.
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total								201,697.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								201,697.	0.	0.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 64,750.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 474,269.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		539,019.			
PROGRAM SERVICE REVENUE	2 a <u>Tuition and Fees</u>	Business Code				
			2,854,459.	2,854,459.		
	b <u>After School/Enrichment</u>		63,579.	63,579.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,918,038.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		-10,896.		-10,896.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss) ...				
	d Net gain or (loss)		-9,821.		-9,821.	
	8 a Gross income from fundraising events (not including \$ 64,750. of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events			71,524.		71,524.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a -----						
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		3,507,864.	2,918,038.	0.	50,807.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	299,508.	299,508.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	201,697.	0.	201,697.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,411,269.	1,033,400.	377,869.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	307,817.	197,213.	110,604.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	11,317.		11,317.	
c Accounting	11,275.		11,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	27,582.		27,582.	
14 Information technology	13,600.		13,600.	
15 Royalties				
16 Occupancy	269,296.	172,533.	96,763.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,912.	62,090.	34,822.	
23 Insurance	34,192.		34,192.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Maintenance	178,450.	178,450.		
b Outside Services	101,303.	90,227.	11,076.	
c Student and Classroom Expenses	92,329.	92,329.		
d Parent Association Expenses	49,289.	49,289.		
e All other expenses	164,515.	27,612.	136,903.	
25 Total functional expenses. Add lines 1 through 24e	3,270,351.	2,202,651.	1,067,700.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		1
	2	Savings and temporary cash investments	165,186.	2 192,027.
	3	Pledges and grants receivable, net	39,409.	3 20,500.
	4	Accounts receivable, net	24,039.	4 3,117.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	16,599.	9 34,431.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,184,444.	
	b	Less: accumulated depreciation	10b 939,366.	10c 245,078.
	11	Investments – publicly traded securities	1,870,492.	11 2,114,138.
	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	171,000.	15 1,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,544,572.	16 2,610,291.	
LIABILITIES	17	Accounts payable and accrued expenses	284,268.	17 242,609.
	18	Grants payable		18
	19	Deferred revenue	784,426.	19 654,292.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1.	25
	26	Total liabilities. Add lines 17 through 25	1,068,695.	26 896,901.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	1,475,877.	27 1,713,390.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	1,475,877.	33 1,713,390.
	34	Total liabilities and net assets/fund balances	2,544,572.	34 2,610,291.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,507,864.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,270,351.
3 Revenue less expenses. Subtract line 2 from line 1	3	237,513.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,475,877.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,713,390.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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?

b Were the organization's financial statements audited by an independent accountant?

c 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

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 separate basis, consolidated 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization The Oaks School	Employer identification number 95-4106117
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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 a 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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s)

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2011.** 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 – 2010.** 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 – 2011.** 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 – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

The Oaks School

95-4106117

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		729,711.	610,973.	118,738.
d Equipment				
e Other		454,733.	328,393.	126,340.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				245,078.

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Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements.	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

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

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Oaks School

Employer identification number

95-4106117

Part I

	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 Part II. <u>Annually The Oaks School publishes a newspaper ad publicizing its racially non-discriminatory policy.</u>	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 Part II.	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 Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either line 6a or line 6b, explain on Part II.		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 Part II.	X	

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Spring Event (event type)	Boutique (event type)	(total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	233,369.	36,200.	269,569.	
	2	Less: Charitable contributions	64,750.		64,750.	
	3	Gross income (line 1 minus line 2)	168,619.	36,200.	204,819.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	104,575.		104,575.	
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		30,407.	30,407.	
	10	Direct expense summary. Add lines 4 through 9 in column (d).				134,982.
	11	Net income summary. Combine line 3, column (d), and line 10				69,837.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (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				

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? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
13b	%

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____.

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$_____

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$_____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

The Oaks School

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed X

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Open to Public Inspection

Employer identification number
95-4106117

Yes No

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

2011

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

The Oaks School

95-4106117

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Ted Hamory	160,497	10,000	31,200	0	0	201,697	0
1	0	0	0	0	0	0	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Oaks School

Employer identification number

95-4106117

Form 990, Part VI, Line 11b - Form 990 Review Process

The Chair of the Board reviews and approves the tax return.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Compensation for the Head of School is determined by the Executive Committee of the Board. The Executive Committee is comprised of three independent members of the Board. Compensation is determined based on the Head's experience, comparable schools in size and in the area, and any other useful sources.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Form 990 is available at The Oaks School upon request.

The Oaks School

95-4106117

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur. 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
1	LIBRARY BOOKCASE	12/15/96		3,890							3,890	3,890	S/L	5	5	0
2	BROWSER BIN-LIBRARY	7/01/99		771							771	693	S/L	5	5	0
3	CHAIRS & TALBES-LIBRARY	7/01/99		3,565							3,565	3,209	S/L	5	5	0
4	BOOK HOLDERS-LIBRARY	7/01/99		251							251	225	S/L	5	5	0
5	BUTTON MACHINE	8/13/98		513							513	513	S/L	5	5	0
6	DRINKING FOUNTAIN	12/01/98		500							500	500	S/L	5	5	0
7	LIBRARY FURNITURE	12/15/99		6,699							6,699	6,699	S/L	5	5	0
8	LIBRARY TABLES/CHAIRS	8/25/99		8,299							8,299	8,299	S/L	5	5	0
9	LIBRARIAN'S DESK	10/21/99		3,251							3,251	3,251	S/L	5	5	0
10	LIBRARY BULLETIN BOARD	11/01/99		431							431	431	S/L	5	5	0
11	LIBRARY RUG	1/04/00		317							317	317	S/L	5	5	0
12	LIBRARY SHADES	1/04/00		1,197							1,197	1,197	S/L	5	5	0
13	LIBRARY COMP COUNT/PUPPE	2/01/00		4,769							4,769	4,769	S/L	5	5	0
14	LIBR BOOKCASE/CREENZA	3/01/00		2,035							2,035	2,035	S/L	5	5	0
15	LIBRARY FILERS	5/17/00		520							520	520	S/L	5	5	0
16	FURNITURE (K)	12/15/00		500							500	500	S/L	5	5	0
17	DESK/CHAIR	12/15/00		642							642	642	S/L	5	5	0
18	LASERJETS (4)	12/15/00		3,261							3,261	3,261	S/L	5	5	0
19	LIBRARY CHAIRS	12/15/00		507							507	507	S/L	5	5	0
20	LIBRARY COMPUTERS	12/15/00		10,915							10,915	10,915	S/L	5	5	0
21	LIBRARY LASER PRINTER	12/15/00		1,815							1,815	1,815	S/L	5	5	0
90	STACK CHAIRS - CHILDS	12/15/01		443							443	443	S/L	5	5	0
115	ART ROOM TABLES	12/15/04		1,639							1,639	1,639	S/L	5	5	0

The Oaks School

95-4106117

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
116	OUTDOOR BENCH	12/15/04		586							586		S/L	5	586	0
117	T23 THINKPAD	12/15/04		1,475							1,475		S/L	5	1,475	0
132	COMPUTER HARDWARE	12/15/05		956							956		S/L	5	956	0
133	MAC MINI	12/15/05		627							627		S/L	5	627	0
134	FILE PRO	12/15/05		1,371							1,371		S/L	5	1,371	0
135	KG TRICYCLE	12/15/05		623							623		S/L	5	623	0
136	REFRIGERATOR	12/15/05		499							499		S/L	5	499	0
137	COPIER	12/15/05		750							750		S/L	5	750	0
138	LAMINATOR	12/15/05		1,549							1,549		S/L	5	1,549	0
139	HANDHELD WIRELESS SYSTEM	12/15/05		476							476		S/L	5	476	0
140	ART ROOM WORKSTATION	12/15/05		600							600		S/L	5	600	0
141	MA TABLE, RUG	12/15/05		833							833		S/L	5	833	0
142	MARKER, CORK BOARDS	12/15/05		2,021							2,021		S/L	5	2,021	0
143	PROJECTOR, BOOKCASE	12/15/05		1,194							1,194		S/L	5	1,194	0
144	FILE CABINETS (3)	12/15/05		422							422		S/L	5	422	0
145	COMPUTER DATABASE	12/15/05		6,000							6,000		S/L	5	6,000	0
146	COMPUTER SYSTEM INSTALL	12/15/05		5,500							5,500		S/L	5	4,858	0
156	FILE CABINET (TV)	12/15/06		507							507		S/L	5	455	42
157	6TH GRD CLSRMS	12/15/06		595							595		S/L	5	536	50
158	COMPUTERS	12/15/06		9,396							9,396		S/L	5	7,516	783
159	COMPUTER SYSTEM INSTALL	12/15/06		5,500							5,500		S/L	5	4,400	458
160	MACBOOK	12/15/06		2,401							2,401		S/L	5	2,160	200
161	HD, BR CODE SCNR, MG STRP	12/15/06		1,001							1,001		S/L	5	900	83
162	HDHELD RADIOS	12/15/06		4,289							4,289		S/L	5	3,861	357
163	WATER FOUNTAIN	12/15/06		1,859							1,859		S/L	5	1,674	155
164	COMPUTER DATABASE	12/15/06		13,000							13,000		S/L	5	10,400	1,083
165	COMPUTERS	12/15/07		6,429							6,429		S/L	5	4,501	1,286

The Oaks School

95-4106117

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
166	COMPUTERS	12/15/07		6,750							6,750	4,725	S/L	5		1,350
167	MAG STRIP READER	12/15/07		1,121							1,121	784	S/L	5		224
168	CABLING	12/15/07		3,468							3,468	2,429	S/L	5		694
169	PRINTER - 5TH GRD	12/15/07		378							378	266	S/L	5		76
170	COMPUTER - C. MOOL.	12/15/07		650							650	455	S/L	5		130
171	LAPTOPS/PRINTERS	12/15/07		16,649							16,649	9,990	S/L	5		3,330
174	TELEPHONES	12/15/07		873							873	612	S/L	5		175
175	WATER FOUNTAINS	12/15/07		3,485							3,485	2,091	S/L	5		697
176	TV/LAPTOP CART/SPEAKERS	12/15/07		3,949							3,949	2,370	S/L	5		790
177	SECURITY CAMERAS	12/15/07		8,578							8,578	6,006	S/L	5		1,716
178	DATABASE	12/15/07		4,000							4,000	2,800	S/L	5		800
190	STACK CHAIRS - 6TH	12/15/07		435							435	305	S/L	5		87
191	BOOKCASE - 5TH	12/15/07		433							433	304	S/L	5		87
192	CABINETS (ART ROOM)	12/15/07		577							577	403	S/L	5		115
193	2 DESKS (MULTI-AGE RM)	12/15/07		761							761	532	S/L	5		152
202	BOOKCASE/CAB	12/15/08		1,078							1,078	558	S/L	5		216
203	MARKER BOARD	12/15/08		567							567	292	S/L	5		113
204	FAC LINGE - TABLE	12/15/08		839							839	434	S/L	5		168
205	PLAYGROUND CANOPY	12/15/08		452							452	233	S/L	5		90
206	WATER FAUCET	12/15/08		995							995	514	S/L	5		199
207	COMPUTERS	12/15/08		8,818							8,818	4,557	S/L	5		1,764
208	COMPUTER SOFTWARE	12/15/08		866							866	447	S/L	5		173
209	PRINTER	12/15/08		680							680	351	S/L	5		136
210	DATABASE	12/15/08		1,750							1,750	904	S/L	5		350
214	MUSICAL EQUIPMENT	12/15/08		35,000							35,000	18,083	S/L	5		7,000
219	COMPUTER EQUIP	12/15/09		4,202							4,202	1,330	S/L	5		840
220	COMPUTER EQUIP	12/15/09		1,208							1,208	383	S/L	5		242

The Oaks School

95-4106117

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
221	COMPUTER EQUIP	12/15/09		629							629	199	S/L	5		126
222	COMPUTER EQUIP	12/15/09		9,589							9,589	3,037	S/L	5		1,918
223	COMPUTER EQUIP	12/15/09		12,731							12,731	4,031	S/L	5		2,546
224	COMPUTER EQUIP	12/15/09		1,140							1,140	361	S/L	5		228
225	COMPUTER EQUIP	12/15/09		11,950							11,950	3,784	S/L	5		2,390
226	CAMERAS	12/15/09		790							790	250	S/L	5		158
227	DATABASE	12/15/09		3,525							3,525	1,116	S/L	5		705
229	COMPUTER EQUIPMENT	12/15/10		35,963							35,963	4,196	S/L	5		7,193
230	MISC EQUIPMENT	12/15/10		10,349							10,349	1,207	S/L	5		2,070
231	FURNITURE	12/15/10		16,799							16,799	1,960	S/L	5		3,360
232	BLACKBAUD DATABASE	12/15/10		26,696							26,696	3,115	S/L	5		5,339
234	EZ UPS	12/15/11		1,269							1,269		S/L	5		127
235	PHONE SYSTEM UPGRADES	12/15/11		3,518							3,518		S/L	5		352
Total Furniture and Fixtures				370,699		0	0	0	0	0	370,699	202,927				52,723
Improvements																
22	L/H IMPROV	1/01/88		6,838							6,838	6,838	S/L	5		0
23	L/H IMPROV	1/01/89		4,549							4,549	4,549	S/L	5		0
24	L/H IMPROV	1/01/90		3,186							3,186	3,186	S/L	5		0
25	L/H IMPROV	1/01/91		9,535							9,535	9,535	S/L	5		0
26	L/H IMPROV	1/01/92		9,272							9,272	9,272	S/L	5		0
27	L/H IMPROV	1/01/93		17,439							17,439	17,439	S/L	5		0
28	L/H IMPROV	1/01/94		11,597							11,597	11,597	S/L	5		0
29	L/H IMPROV	7/05/94		9,982							9,982	9,982	S/L	5		0
30	ONE WAY-ELECTRICAL	8/16/94		1,793							1,793	1,793	S/L	5		0
31	ONE WAY-AIR CONDITIONER	7/28/94		1,000							1,000	1,000	S/L	5		0

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179/ Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis /Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
32	LOCK - L/H IMPROV	11/07/94		812							812	812	S/L	5		0
33	LOCK - DRINKING FOUNTAIN	8/30/94		1,395							1,395	1,395	S/L	5		0
34	L/H IMPROV - N. AJCU	7/25/95		5,991							5,991	5,991	S/L	5		0
35	FENCE, SHED	12/15/96		4,274							4,274	4,274	S/L	5		0
36	ELECTRICAL/LIGHTS	12/15/96		388							388	388	S/L	5		0
37	CARPETING	12/15/96		1,100							1,100	1,100	S/L	5		0
38	LOFT	12/15/96		4,241							4,241	4,241	S/L	5		0
39	ELECTRICAL	12/15/96		497							497	497	S/L	5		0
40	PLAYGROUND FENCE	12/15/96		490							490	490	S/L	5		0
41	CLIMBING STRUCTURE	12/15/96		1,100							1,100	1,100	S/L	5		0
42	TABLE, STORAGE UNITS	12/15/96		1,500							1,500	1,500	S/L	5		0
43	PLAYGROUND PLATFORMS	8/01/97		5,740							5,740	5,740	S/L	5		0
44	PLAYSTRUCTURE	8/01/97		12,150							12,150	12,150	S/L	5		0
45	ELECTRICAL/EXT POWER	8/01/97		1,200							1,200	1,200	S/L	5		0
46	SECURITY LOCK	8/01/97		700							700	700	S/L	5		0
47	COMPUTER CABLE WIRING	8/01/97		750							750	750	S/L	5		0
48	COTTAGE RENOVATION	8/01/97		290							290	290	S/L	5		0
49	ELECTRICAL UPGRADE	7/25/98		11,000							11,000	11,000	S/L	5		0
50	CARPETING	8/01/98		1,500							1,500	1,500	S/L	5		0
51	COTTAGE GATE	8/13/98		750							750	750	S/L	5		0
52	L/H IMPROVEMENT	8/13/98		465							465	465	S/L	5		0
53	SECURITY GATE	8/13/98		2,887							2,887	2,887	S/L	5		0
54	L/H IMPROV - PAC	9/18/98		10,000							10,000	10,000	S/L	5		0
55	L/H IMPROVEMENT	9/18/98		3,210							3,210	3,210	S/L	5		0
56	BOOK SHELVES-LIBRARY	7/01/99		5,512							5,512	4,959	S/L	5		0
57	LIBRARY RENOVATION	7/01/99		5,052							5,052	4,545	S/L	5		0
58	CEILING FAN - LIBRARY	7/01/99		1,000							1,000	900	S/L	5		0

The Oaks School

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
59	CARPETING - LIBRARY	7/01/99		7,000							7,000	6,300	S/L	5		0
60	MUSIC/ART/STORAGE	12/15/99		4,120							4,120	4,120	S/L	5		0
61	BALCONY TILE/FIRE ES	12/15/99		9,800							9,800	9,800	S/L	5		0
62	"K" COTTAGE	12/15/99		38,261							38,261	38,261	S/L	5		0
63	ELECTRICAL	12/15/99		11,000							11,000	11,000	S/L	5		0
64	REKEYING/PANI	12/15/99		546							546	546	S/L	5		0
65	ALARMS	12/15/99		238							238	238	S/L	5		0
66	STEPS/TRELLIS/GATE	12/15/99		3,400							3,400	3,400	S/L	5		0
67	CARPETING	12/15/99		1,800							1,800	1,800	S/L	5		0
68	FRAMING	12/15/99		350							350	350	S/L	5		0
69	K FLOORING	12/15/99		3,637							3,637	3,637	S/L	5		0
70	LIBRARY SHELVING	12/15/99		13,315							13,315	13,315	S/L	5		0
71	LIBRARY WINDOW TREATMENT	12/15/99		1,198							1,198	1,198	S/L	5		0
72	LIBRARY ELEC/PAINT	12/15/99		10,529							10,529	10,529	S/L	5		0
73	WIRING/ELECTRICAL	12/15/00		1,012							1,012	1,012	S/L	5		0
74	CARPETING (1ST & 3RD)	12/15/00		3,167							3,167	3,167	S/L	5		0
75	LANDSCAPING/MISTERS	12/15/00		5,338							5,338	5,338	S/L	5		0
76	PAVING/RESTRIPIING	12/15/00		1,500							1,500	1,500	S/L	5		0
77	CHALKBOARDS	12/15/00		284							284	284	S/L	5		0
78	LIB CABINETS/SHELVES	12/15/00		1,035							1,035	1,035	S/L	5		0
81	CARPETING	12/15/01		2,467							2,467	2,467	S/L	5		0
82	PULL BLINDS	12/15/01		1,929							1,929	1,929	S/L	5		0
83	CARROLL PANELS	12/15/01		576							576	576	S/L	5		0
84	MOUNTED DRY ERASE BOARDS	12/15/01		616							616	616	S/L	5		0
85	PLAYGROUND TREEHOUSE	12/15/01		2,000							2,000	2,000	S/L	5		0
86	OFFICE WALL W/POCKET DOOR	12/15/01		718							718	718	S/L	5		0
87	FIRE ESCAPE LADDERS	12/15/01		1,800							1,800	1,800	S/L	5		0

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductio.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
88	PAINTING - GYM WALLS	12/15/01		2,100							2,100	2,100	S/L	5	5	0
89	HEATING/AIR CONDITIONING	12/15/01		23,000							23,000	23,000	S/L	5	5	0
93	IMPROVEMENTS - K	12/15/02		4,670							4,670	4,670	S/L	5	5	0
94	IMPROVEMENTS - K	12/15/02		7,645							7,645	7,645	S/L	5	5	0
95	CHAIN LINK FENCE	12/15/02		500							500	500	S/L	5	5	0
96	SECURITY LOCK PAD	12/15/02		304							304	304	S/L	5	5	0
97	CARPET - 6TH GR	12/15/02		2,946							2,946	2,946	S/L	5	5	0
98	HVAC UNITS REWIRE	12/15/02		8,600							8,600	8,600	S/L	5	5	0
99	PLAY AREA RENOVATION	12/15/02		9,748							9,748	9,748	S/L	5	5	0
101	HVAC UNITS REWIRE	12/15/03		2,966							2,966	2,966	S/L	5	5	0
102	PLAY AREA RENOVATION	12/15/03		1,950							1,950	1,950	S/L	5	5	0
103	IMPROVEMENTS	12/15/03		706							706	706	S/L	5	5	0
104	IMPROVEMENTS	12/15/03		989							989	989	S/L	5	5	0
105	IMPROVEMENTS	12/15/03		9,894							9,894	9,894	S/L	5	5	0
106	FLOORING	12/15/03		10,727							10,727	10,727	S/L	5	5	0
107	GYM RENOVATION	12/15/04		7,757							7,757	7,757	S/L	5	5	0
108	TUTORS ROOM RENOVATION	12/15/04		1,111							1,111	1,111	S/L	5	5	0
109	GYM FLOORING	12/15/04		2,750							2,750	2,750	S/L	5	5	0
110	LUNCH ROOM WIRE MESH	12/15/04		760							760	760	S/L	5	5	0
111	DECK RAILING	12/15/04		255							255	255	S/L	5	5	0
112	DOOR LOCK	12/15/04		450							450	450	S/L	5	5	0
113	CLASSROOM SHELVING	12/15/04		4,350							4,350	4,350	S/L	5	5	0
114	5TH GRADE CARPETING	12/15/04		4,051							4,051	4,051	S/L	5	5	0
120	GYM RENNOV	12/15/05		2,025							2,025	2,025	S/L	5	5	0
121	PLAYGROUND EQUIP	12/15/05		7,012							7,012	7,012	S/L	5	5	0
122	SECURITY GATE	12/15/05		887							887	887	S/L	5	5	0
123	ART ROOM SINK	12/15/05		3,173							3,173	3,173	S/L	5	5	0

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
124	ART ROOM DRYWALL	12/15/05		950							950	950	S/L	5		0
125	PLAYGROUND PKG LOT RESURF	12/15/05		895							895	895	S/L	5		0
126	LIGHT FIXTURES	12/15/05		5,483							5,483	4,845	S/L	5		0
127	LIGHT FIXTURES	12/15/05		11,980							11,980	10,582	S/L	5		0
128	PAINTING	12/15/05		9,970							9,970	8,807	S/L	5		0
129	CARPETING	12/15/05		11,637							11,637	10,278	S/L	5		0
130	DRYWALL	12/15/05		1,850							1,850	1,634	S/L	5		0
131	HEAT, AIR CONDITIONERS (2	12/15/05		6,400							6,400	6,400	S/L	5		0
147	ELECTRICAL FIXT (4 CLSRM)	12/15/06		8,105							8,105	7,294	S/L	5		675
148	ELECTRICAL FIXT (OFF/4TH)	12/15/06		7,141							7,141	6,426	S/L	5		595
149	SPORT COURT	12/15/06		10,022							10,022	8,016	S/L	5		835
150	CARPET (6TH GRD)	12/15/06		4,650							4,650	3,720	S/L	5		388
151	GARDEN FIXTURE	12/15/06		496							496	446	S/L	5		41
152	FENCING	12/15/06		4,330							4,330	3,464	S/L	5		361
153	WATER FLTS/GAS LINES	12/15/06		3,213							3,213	2,572	S/L	5		268
154	GYM RENOVATION	12/15/06		3,526							3,526	2,820	S/L	5		294
155	GEN RENOVATION	12/15/06		5,934							5,934	4,748	S/L	5		495
179	ELECTRICAL	12/15/07		2,235							2,235	1,565	S/L	5		447
180	RENOVATION	12/15/07		7,987							7,987	5,590	S/L	5		1,597
181	CARPETING	12/15/07		5,696							5,696	3,987	S/L	5		1,139
182	AIR CONDITIONING - K	12/15/07		7,600							7,600	5,320	S/L	5		1,520
183	RENOVATION	12/15/07		606							606	424	S/L	5		121
184	SINK - K	12/15/07		2,255							2,255	1,353	S/L	5		451
185	RESTROOM RENOVATION	12/15/07		340							340	204	S/L	5		68
186	CARPET/TILE	12/15/07		4,438							4,438	3,108	S/L	5		888
187	DRYWALL	12/15/07		1,350							1,350	810	S/L	5		270
188	PLAYGROUND	12/15/07		33,079							33,079	23,156	S/L	5		6,616

The Oaks School

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur. 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
189	ELECTRICAL	12/15/07		3,444							3,444	2,411	S/L	5		689
194	CUBBIES/SHELVING	12/15/08		2,688							2,688	1,390	S/L	5		538
195	FENCING	12/15/08		1,480							1,480	765	S/L	5		296
196	GYM RENOVATION	12/15/08		2,151							2,151	1,111	S/L	5		430
197	LIGHTING	12/15/08		1,375							1,375	710	S/L	5		275
198	PLAYGROUND RENOV	12/15/08		26,189							26,189	13,531	S/L	5		5,238
199	ART ROOM	12/15/08		2,752							2,752	1,421	S/L	5		550
200	CLIMBING WALL	12/15/08		12,563							12,563	6,492	S/L	5		2,513
201	FAC LNGE CABINETS	12/15/08		4,930							4,930	2,547	S/L	5		986
215	VINYL FLOOR	12/15/09		810							810	257	S/L	5		162
216	WATER FILTERS/HEATERS	12/15/09		736							736	233	S/L	5		147
217	LIGHT FIXTURES	12/15/09		641							641	203	S/L	5		128
218	KITCHEN COUNTER TOPS	12/15/09		4,110							4,110	1,302	S/L	5		822
228	SHELVING/STORAGE/SIGNS	12/15/10		13,909							13,909	1,623	S/L	5		2,782
233	COTTAGE/PLAYGROUND IMP	12/15/10		2,262							2,262	264	S/L	5		432
236	KINDERGARDEN AREA IMPROV	12/15/11		10,500							10,500		S/L	5		1,050
237	PLAYGROUND EQUIP/BARS	12/15/11		1,600							1,600		S/L	5		160
238	CARPETING	12/15/11		6,100							6,100		S/L	5		610
239	LIGHTING IMPROVEMENTS	12/15/11		2,192							2,192		S/L	5		219
240	LHI - BREEZEWAY AND GATES	12/15/11		58,964							58,964		S/L	5		5,896
Total Improvements				729,711	0	0	0	0	0	0	729,711	569,961				41,012
Library																
79	LIBRARY SOFTWARE	12/15/00		15,558							15,558	15,558	S/L	5		0
80	BOOKS	12/15/00		31,188							31,188	30,930	S/L	10		0
91	LIBRARY ELEC SOFTWARE	12/15/01		589							589	580	S/L	5		0

The Oaks School

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
92	LIBRARY BOOKS	12/15/01		7,841							7,841	7,448	S/L	10		327
100	DIE CUTTER - LIBRARY	12/15/02		2,473							2,473	2,473	S/L	5		0
118	LIBRARY - COMPUTER EQUIP	12/15/04		6,205							6,205	4,036	S/L	10		621
119	LIBRARY - HP SERVER	12/15/04		3,775							3,775	2,457	S/L	10		378
172	LIBRARY PROJECTOR	12/15/07		891							891	623	S/L	5		178
173	LIBRARY COMPUTER	12/15/07		900							900	630	S/L	5		180
211	LIBRARY COMPUTER EQUIP	12/15/08		12,351							12,351	3,190	S/L	10		1,235
212	LIBRARY COMPUTER SOFTWARE	12/15/08		400							400	207	S/L	5		80
213	LIBRARY SHELVING	12/15/08		889							889	460	S/L	5		178
Total Library																3,177
Total Depreciation																96,912
Grand Total Depreciation																96,912

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions The Oaks School	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4106117
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 6817 Franklin Avenue	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Hollywood, CA 90028	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ The Oaks School -----

Telephone No. ▶ (323) 850-3755 ----- FAX No ▶ -----

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return See instructions	Name of exempt organization or other filer, see instructions The Oaks School	Employer identification number (EIN) or <input checked="" type="checkbox"/> 95-4106117
	Number, street, and room or suite number If a P O box, see instructions Starr & Walters Accountancy Corporation 12341 Newport Avenue, Suite D-100	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions Santa Ana, CA 92705	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. The Oaks School
Telephone No. (323) 850-3755 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 13.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 11, and ending 6/30, 20 12.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension Independent audit financial statements for this tax filing year is being finalized. Taxpayer respectfully requests additional time to file so the return can be based on the finalized statements.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title Date
BAA FIF20502L 07/29/11 Form 8868 (Rev 1-2012)