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Form **990**

Return of Organization Exempt From Income Tax

9

OMB No 1545-0047

Open to Public

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

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

inte	mai Reven	nue Service Fine organization may have to use a copy of this return to satisfy state	reporting requi	rements	inspection
<u>A</u>	For the	e 2012 calendar year, or tax year beginning 07/01 , 2012, and end	ing 0	6/30	, 20 13
В	Check if	applicable C Name of organization Little Red School House Inc		D Employe	r identification number
	Address	change Doing Business As ChildStrive	<u> </u>	İ	91-6053563
	Name ch	nange Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephone	e number
	Initial ret	turn 14 E Casino Rd Ste A			425-353-5656
	Terminat	City, town or post office, state, and ZIP code			
	Amende	d return Everett, WA 98208-2628		G Gross rec	ceipts \$ 3,984,233
		ion pending F Name and address of principal officer Keith Harrell	H(a) is this		or affiliates? Yes No
		14 E Casino Rd Ste A, Everett, WA 98208-2628			cluded? Yes No
	Tax-exer	mpt status			see instructions)
J	Website		H(c) Grou	p exemption	number ▶
ĸ		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile WA
_	art I	Summary	1903		n legal definence VVA
-	1	Briefly describe the organization's mission or most significant activities. Our	nurnosa is to	nartnar wit	h familias ta support
	'				
9		young children's success in daily life and in the community We prioritize services	to children bi	rtn to three	years old who have
ъ		disabilities and delays or who are at risk of delay, and their families			
Je.		Charles have been bounded as a second of the		050/ (
ő		Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	1 - 1	
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)		3	16
ies		Number of independent voting members of the governing body (Part VI, line 1))	. 4	16
Ξ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	
Act	1	Total number of volunteers (estimate if necessary)		. 6	200
-	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	8,860
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	7,860
			Prior Y	ear	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		847,426	1,412,606
a n	9	Program service revenue (Part VIII, line 2g)	;	2,103,448	2,293,953
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,521	22,445
Œ.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,160	33,435
	12	Total revenue - add lines 8 through, II (must equal Part VIII, column (A), line 12)		2,966,555	3,762,439
		Grants and similar amounts paid (Part IX, Column (A), lines 1-3)		0	0
	14	Benefits paid to or formembers (Part IX, column (A), line 4)		0	0
s	15	Salaries, other compensation, employee benefits (Rart IX, column (A), lines 5-10)		2,367,580	3,156,176
Se	16a	Professional fundraising fees (Part IX, column (A)) line 11e)		0	0,130,170
Expenses	b	Total fundraising expenses (Part IX column-(D), line 25) ► 143,941		 +	
Ä		Other expenses (Part IX, country (A), lines 11a-11d, 11f-24e)		530,299	
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	2.897.879	635,114
•		Revenue less expenses. Subtract line 18 from line 12	<u> </u>		3,791,290
- 6	13	rievende less expenses. Subtract line 18 nont line 12	Boginning of Ci	68,676	-28,851
Net Assets or Fund Balances	20	Total coacts (Part V. line 16)	Beginning of Cu		End of Year
Saga	20	Total assets (Part X, line 16)	<u> </u>	4,103,351	4,161,891
E E	21	Total liabilities (Part X, line 26)		839,355	852,073
	art II	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	3,263,996	3,309,818
		Signature Block			 ,
Un	der penal	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete Declaration of preparer (other than officer) is based on all information of which prepar	tements, and to t	he best of my	y knowledge and belief, it is
)		Alouand the Alouand the Committee than officer) is based on an information of which prepar	er has any know	7	
o:-		1 × 4MIUX(LM\X	\×	<u> 3/1/14</u>	<u> </u>
Sig		Signature di officer	Da	ate	
He	re	Amy Drewel, President			
		type of £1. The and the			
Pa	id		Date	Check 🗸	I IF PTIN
	epare:	Vicki Strong VILLE & Strong	3-3-14	self-emple	
	e Only		Firr	n's EIN ▶	
J	- Oing	Firm's address ► 1509 151 PI SW, Lynnwood, WA 98087		one no	425-745-6034
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			· · VYes No

917

Cat No 11282Y

Form **990** (2012)

o) (Revenue \$

(Expenses \$

Total program service expenses ▶

46

o including grants of \$

3,354,287

Part	V 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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If</i> "Yes," complete Schedule C, Part II	4		1
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	5		1
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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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 .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1.,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	···
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	11b		1
С	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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		ļ	<u> </u>
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	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
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	17		V
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	✓	,
	If "Yes," complete Schedule G, Part III	19	<u> </u>	1
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	<u> </u>	
U	ii i es lo iine zoa, dio the ordanization attach a copy of its audited financial statements to this feturn?	1 400	Ī	1

Part IV

Part	Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	25b 26		<u>▼</u>
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? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	**7 USA	√
С	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? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	-

0				uge o
Part				_
	Check if Schedule O contains a response to any question in this Part V	· -	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
_	reportable gaming (gambling) winnings to prize winners?	1c	\	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	/	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	l	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.	1]	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	
u	Note. See the instructions for additional information the organization must report on Schedule O.	· · · ·	 	
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		1	
С	Enter the amount of reserves on hand	1	1	
	L	14-	-	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 -	/
IJ	ii res, has it lieu a Form 120 to report these payments? II IVO, provide an explanation in Scriedule O .	14b	ı	I

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
L CIT	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			١.
_	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7.		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		
•	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	_	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	<u>√</u>	
14	Did the organization have a written document retention and destruction policy?	14	1	
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?			J
a	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓	
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	finto	oet n	oliov
	and financial statements available to the public during the tax year.	ı ıııteı	σοι μ	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Vicki Strong, (425)353-5656			

Form 990 (2)	012)	
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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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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	on nor any relate	d org	anız		on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	more rson lirect	e than one is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Noah Fidanque	2									
Board Member	0	✓		L_				0	0	0
Jay Nelson	2									
Board Member	0	✓			L			0	0	0
Kristie English	2					ļ				
Board Member	0	✓						0	0	C
Tonia Goodwin	2									
Board Member	0	✓			_			0	0	0
Amy Drewel	2									
Board Member	0	✓					L_	0	0	0
Cheryl Beighle	2									
Board Member	0	✓	Ш		L_		L	0	0	0
Don Duncan	2	ļ	1 1			1				
Board Member	0	✓						0	0	0
Jım Croasdill	2									
Board Member	0	✓					L.,	0	о	0
Lainey Howard	2								-	
Board Member	0	✓					<u>.</u> .	0	о	0
Debbie Whitfield	2									
Board Member	0	✓						o	0	o
Dennis Bolger	2									
Board Member	0	✓						o	o	o
Jim Russell	2									
Board Member	0	✓					l	0	o	o
Harry Fay	2									
Treasurer	0			1				0	0	o
Tim Burns	2									
Vice President	0			✓				0	اه	o

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ntınu	ed)	
					(6	C)							
	(A)	(B)	(ition	- 46		(D)	(E)		(F)	
	Name and title	Average					than one sout		Reportable	Reportable		Estimated	
		hours per					or/trus		compensation	compensation f	mo ⁻	amount of	
		week (list any hours for	익	sul	₽	6	a F	Б	from the	related organizations	,	other compensation	on
		related	Individual trustee or director	1	Officer	Key employee	ples	Former	organization	(W-2/1099-MIS		from the	
		organizations below dotted	당교	l ig	Ì `	뤛	\eartice \(\frac{1}{2} \)		(W-2/1099-MISC)	}	- 1	organization and related	
		line)	ੋ <u>ਵ</u> ੍ਹ	al tr) Ye	Į ặ				i	organization	
		,	l te	Institutional trustee		"	ens;				ŀ	•	
				ě			Highest compensated employee						
Nicole	Pearce	2			_						_		
Secre	tary	0	1		✓				0		o		0
	Harrell	2								Ì	\neg		
Presid		0	1		1				0		o		0
Terry	Clark	40						_			\dashv		
	itive Director	0	1			/			110,009		o		0
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		 					j						
1b	Sub-total	I			L	L	Ц	<u> </u>	110,009		0		0
c	Total from continuation sheets to Part	VII Sectio	n A	•	•		•	•	110,003		-		
_				•	•		•	•	110,009		0	-	0
	Total number of individuals (including but							2 14) of	
_	reportable compensation from the organi			1036	1131	.eu	above	5) VV	nio received in	Ole than \$100	,,000	7 ()1	
	- Ferriagon											Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	uste	ee.	kev e	emp	olovee, or high	est compen	sated		1
	employee on line 1a? If "Yes," complete											3	1
4	For any individual listed on line 1a, is the							n a	nd other comm	nensation from	n the		-
•	organization and related organizations												
	individual							-, 				4	1
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsat	tion	froi	m anv	un	related organiz	zation or indiv	/idual		-
•	for services rendered to the organization											5	1
Section	on B. Independent Contractors		•						• •				<u> </u>
1	Complete this table for your five highest	compensate	ed inc	lene	end	ent	contr	acto	ors that receive	ed more than	\$100	0.000 of	
•	compensation from the organization. Rep												av
	year	, , , , , , , , , , , , , , , , , , ,			J. L.		u.ou	<u> </u>	, car criaing in	0	C 0.9	janization 5 t	un
	(A)								(B)			(C)	
	Name and business add	ress							Description of s	ervices		(C) Compensation	
													
								\vdash					
								-					
												 ·	
							-						-
2	Total number of independent contractor	rs (includir	na bu	ıt n	nt I	ımı+	ed to	L th	nose listed abo	ove) who			-
_	received more than \$100,000 of compens							,		CVE) WITO		· _	
				gail		.,011	_		0		5	f =	

Part	VIII							
		Check if Schedule O	contains a resp	oonse to any ques	tion in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	s 1 a	93,325				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1k	0				
S, C	С	Fundraising events .	<u>10</u>	38,030				
ia ii	d	Related organizations		0				
imi	е	Government grants (con		1,097,725				
rtior er S	f	All other contributions, g						
효		and similar amounts not inc	<u> </u>					
a pr	g	Noncash contributions include						
	_ h	Total. Add lines 1a-1	<u>f , .</u>		1,412,606			
2				Business Code				
eve	2a	Therapy/Education Se	rvices	624100	2,293,953	2,293,953	0	0
8	b							
, ryic	C							
Š	d							
Jran	e f	All other program sen			0	0	0	0
Program Service Revenue	g	Total. Add lines 2a-2			2,293,953			
	3	Investment income			2,293,933			<u></u>
	_	and other similar amo			20.795	20,795	o	0
	4	Income from investmen	t of tax-exempt	bond proceeds ►	0	0	0	0
	5	Royalties		•	0	0	0	0
		•	(i) Real	(ıi) Personal				
	6a	Gross rents	149,87	4 0				
	b	Less: rental expenses	123,54	6 0	ļ			
	С	Rental income or (loss)	26,32	8 0				
	d	Net rental income or		🕨	26,328	17,468	8,860	0
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	79,90	0 0				
	Ь	Less cost or other basis						
		and sales expenses	78,25					
	C	Gain or (loss)	1,65	0 0				
	d	Net gain or (loss) .			1,650	1,650		0
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported \$ 200 Part N/V line 13	38,030 ed on line 1c).					
Ę	L .	See Part IV, line 18 .		a 26,610	ļ			
ō		Less: direct expenses Net income or (loss) f		b 19,998 g events . ▶				
		Gross income from ga See Part IV, line 19	aming activities.		6,612		0	6,612
ļ	h	Less: direct expenses		b				
		Net income or (loss) f						
		Gross sales of in						
		returns and allowance						
	ь	Less: cost of goods s		ь		İ		
ļ		Net income or (loss) f						
		Miscellaneous R		Business Code				
Ì	11a							
	b					·		
	С							
Į	d	All other revenue .			495	495	0	0
	е	Total. Add lines 11a-	11d	▶	495			
- 1	12	Total revenue. See in	nstructions	▶ 1	3 762 439	2 234 361	8 860	£ £12

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	ımn (A).
	Check if Schedule O contains a respon			<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4 5	Benefits paid to or for members	110,009	55,005	55,004	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)				
7 8	Other salaries and wages	2,650,170	2,379,572	170,988	99,610
9 10	section 401(k) and 403(b) employer contributions) Other employee benefits	32,171 137,431	28,375 121,220	2,635 11,251	1,161 4,960
11 a	Fees for services (non-employees): Management	226,395	199,689	18,536	8,170
c b	Legal	60,297	51,943	5,740	2,614
d e f	Lobbying				
g 12	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	136,656	128,973	5,279	2,404
13 14	Office expenses	14,631 4,937 42,638	4,253 36,731	470 4,059	14,631 214 1,848
15 16 17	Royalties	72,758 83,917	62,678 83,109	6,926	3,154
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	03,317	83,109	808	
19 20 21	Conferences, conventions, and meetings Interest	51,493 30,177	51,493 25,996	2,873	1,308
22 23	Depreciation, depletion, and amortization	115,513 30,695	99,510 26,443	10,996 2,922	5,007 1,330
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 b	Supplies Equipment Rental & Maintenance	90,728 24,220	84,863 20,865	4,030 2,305	1,835 1,050
c d	Expenses related to unrelated rental inc	-123,546	-106,431	-11,760	-5,355
e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,791,290	3,354,287	293,062	143,941
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O.c.

		Check if Schedule O contains a response to any question in this Part	(A)		<u>····</u> (B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	84,483	1	16,480
ŀ	2	Savings and temporary cash investments	99,791	2	103,179
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	479,121	4	510,418
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other 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) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use	· -	8	
	9	Prepaid expenses and deferred charges	25,230	9	38,739
	10a	Land, buildings, and equipment. cost or			
		other basis Complete Part VI of Schedule D 10a 3,928,920)		
	b	Less: accumulated depreciation 10b 1,367,130		10c	2,561,790
	11	Investments—publicly traded securities	834,573		931,285
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
ı	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,103,351	16	4,161,891
	17	Accounts payable and accrued expenses	191,565	17	256,477
	18	Grants payable		18	
	19	Deferred revenue		19	
}	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
2:	23	Secured mortgages and notes payable to unrelated third parties	647,790	23	595,596
	24	Unsecured notes and loans payable to unrelated third parties	047,700	24	033,330
	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			
ł	26			25	
\dashv	20	Total liabilities. Add lines 17 through 25	839,355	26	852,073
ces		complete lines 27 through 29, and lines 33 and 34.			
ᆲ	27	Unrestricted net assets	3,131,296	27	3,182,118
Ba	28	Temporarily restricted net assets	50,000	28	45,000
밀	29	Permanently restricted net assets	82,700	29	82,700
교		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.			
13	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
۱ڲ	-				
	33	Total net assets or fund balances	3,263,996	33	3,309,818

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

3а

3b

Form 990 (2012)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 20**12**

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Little Red School House Inc. 91-6053563 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II **d** Type III-Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting . . 🖂 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization in col (i) listed in your (described on lines 1-9) the organization in organization in col support governing document? col (i) of your above or IRC section (i) organized in the support? (see instructions)) Yes No Yes (A) (B) (C) (D) (E)

Total

18

Part	Support Schedule for Organiza	tions Dage-	had in Sacti	one 170/h)/4	VAVisa and 4	70/b\/4\/A\/:	1 age 2
rait	(Complete only if you checked the						
	Part III. If the organization fails to						anily under
Secti	on A. Public Support	quality unde	the tests ha	sted below, pi	ease comple	te rait iii.j	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(6) 2010	(a) 2011	(e) 2012	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	2,054,819	1,992,936	2,089,964	2,754,021	3,706,559	12,598,299
2	Tax revenues levied for the	2,034,019	1,552,530	2,009,904	2,734,021	3,700,333	12,330,233
_	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	2,054,819	1,992,936	2,089,964	2,754,021	3,706,559	12,598,299
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.	·					12,598,299
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,054,819	1,992,936	2,089,964	2,754,021	3,706,559	12,598,299
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	22.005	40.740		22.222	470.000	
9	Net income from unrelated business	22,095	19,710	23,994	20,328	170,669	256,796
•	activities, whether or not the business						
	is regularly carried on	3,379	-521	813	2,277	26,328	32,276
10	Other income. Do not include gain or	3,373	-321	013	2,211	20,320	32,276
	loss from the sale of capital assets						
	(Explain in Part IV.)	o					0
11	Total support. Add lines 7 through 10						12,887,371
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he					· ·	, . ▶ 🗆
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	97.76 %
15	Public support percentage from 2011 Sch					15	98.1_%
16a	331/3% support test—2012. If the organization						
h	box and stop here. The organization qual						
b	331/3% support test—2011. If the organ					15 is 331/3%	` _
4~-	check this box and stop here. The organi						. • 🗀
17a	10%-facts-and-circumstances test—20	112. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and I	ine 14 is
	10% or more, and if the organization med Part IV how the organization meets the "fa						
	organization	acts-and-circui			•		
L	•						· • 📙
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "facte	iauto-artu-Cll and-circumet-	rances" test Ti	iest, CHECK IN ne Organizatio	n nualifies as a	nublicky de
	supported organization						. •

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

Part III S	Support Schedule fo	r Organizations Describe	in Section 509(a)(2)
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(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.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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					ł	
	organization's tax-exempt purpose		ļ]	
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		1				
	to or expended on its behalf	×					
5	The value of services or facilities						
	furnished by a governmental unit to the					ļ	-
_	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5		ļ				
/a	Amounts included on lines 1, 2, and 3					İ	
	received from disqualified persons .		<u> </u>				
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
<u>Secti</u>	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a						}	
	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						
С	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.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>				
14	First five years. If the Form 990 is for the				-		
C4:	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	<u> </u>
15	on C. Computation of Public Suppor			0		145	
16	Public support percentage for 2012 (line & Public support percentage from 2011 Sch						<u>%</u>
	on D. Computation of Investment Inc					16	%
17	Investment income percentage for 2012 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2011					18	
19a	33 ¹ / ₃ % support tests—2012. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di						

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
.,		
.,		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Little	Red School House Inc		91-6053563
Par		or Advised Funds or Other Similar Fu	ands or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and	dagan aduran a sunta a that the same	Late to decree a decree
3	funds are the organization's property, subje		
6			
U	Did the organization inform all grantees, do only for charitable purposes and not for th		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	, ,
Par		olete if the organization answered "Yes	" to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held		7.
•	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.	·	
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce		
d	Number of conservation easements include		ot on a
•	historic structure listed in the National Regis		· 2d
3	Number of conservation easements modifie tax year ▶	d, transferred, released, extinguished, or te	erminated by the organization during the
4	Number of states where property subject to		
5	Does the organization have a written po	licy regarding the periodic monitoring in	nenection handling of
_	violations, and enforcement of the conserva	ition easements it holds?	· · · · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitor		
	>	3,	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	► \$		
8	Does each conservation easement reported		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes the
Dort	organization's accounting for conservation		
Part		ections of Art, Historical Treasures, o	
12	If the organization elected, as permitted un	vered "Yes" to Form 990, Part IV, line 8	
ıa	works of art, historical treasures, or other	similar assets held for public exhibition	education or research in furtherance of
	public service, provide, in Part XIII, the text	of the footnote to its financial statements the	nat describes these items
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		
	public service, provide the following amount	ts relating to these items:	
			> \$
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets for financial gain, provide the
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lir	ne 1	> \$
ь	Assets included in Form 990. Part X		b ¢

Schedule D	(Form	990	2012

Par	Organizations Maintaining	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth				
а	☐ Public exhibition		d 🗌 Loan	or exchange p	rograms	
b	☐ Scholarly research			- ·		
С	Preservation for future generations	S				
4	Provide a description of the organiza		ind explain how t	they further the	organization's exe	empt purpose in Part
	XIII.			,	5. 5.	p. perpess m car
5	During the year, did the organization	solicit or receive	donations of art.	historical treas	ures, or other simi	ilar
	assets to be sold to raise funds rather	than to be mainta	ned as part of th	e organization's	collection?	Yes No
Par	line 9, or reported an amour	angements. Cor	mplete if the org			
1a	Is the organization an agent, trustee included on Form 990, Part X?					
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following t	able: г	1	Amount
_	Beginning balance			-	- +	Amount
c d	Additions during the year				1c	
e	- ·			L	1d	-
f	Distributions during the year				1e	
2a	Ending balance			-	1f	□ Vaa □ Na
Par	If "Yes," explain the arrangement in P t V Endowment Funds. Compl	ete if the organiz	ation answered	"Vos" to Form	OOO Port IV Jun	
r ar	Lindowine it Funds. Compl	(a) Current year	(b) Prior year		ck (d) Three years ba	
1a	Beginning of year balance			 		
b		82,700	82,700	 		
C	Contributions	0	0		0	0 0
·	losses					
٨		9,575	1,997			0 0
d e	Grants or scholarships	0	0		0	0 0
-	programs					
f		9,575	1,997			0 0
	Administrative expenses	0	0		0	0 0
g 2	End of year balance	82,700	82,700			00 82,700
	Provide the estimated percentage of t	ne current year en	· · · · · · · · · · · · · · · · ·	g, column (a)) he	eld as:	
a b	Board designated or quasi-endowment Permanent endowment		<u>.</u> %			
	Temporarily restricted endowment	100_%				
С	· · · · · · · · · · · · · · · · · · ·		00/			
3a	The percentages in lines 2a, 2b, and 2					ıL_
Ja	Are there endowment funds not in the organization by:	e possession or the	e organization tri	at are neid and	administered for t	
	-					Yes No
	(i) unrelated organizations (ii) related organizations					. 3a(i) ✓
b	If "Yes" to 3a(ii), are the related organi					. 3a(ii) ✓
4	Describe in Part XIII the intended uses					. 3b
Pari					-	-
r all	Description of property			+		
<u> </u>		(a) Cost or oth (investme		or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land	·	0	834,390		834,390
b	Buildings	٠	0	2,691,047	1,113,123	1,577,924
c	Leasehold improvements		0	0	0	0
d	Equipment		0	403,483	254,007	149,476
e	Other	<u>l</u>	0	0	0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X, columi	า (B), Ime 10(c).)	<u></u> . ▶	2,561,790

Part VII	Investments-Other Securities	See Form 990, Part X,	line 12.
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other		· · · · · · · · · · · · · · · · · · ·	
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)		-	
(H)			
(1)			
	(b) must equal Form 990, Part X, col. (B) line 12)		
Part VIII	Investments – Program Related		T
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
_(2)			
(3)			
<u>(4)</u> (5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
(10)			
	b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. See Form 990, Pa	IT X, line 15.	(h) Destruction
(1)	(2	y Description	(b) Book value
(1)			
(3)			
(4)		**	
(5)			
(6)			
_(7)	- 10°		
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)		·	
(10)	mn (b) must equal Form 990, Part X, co	ol (R) line 15)	
Part X	Other Liabilities. See Form 990,		· · · · · · · · · · · · · •
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)		·····	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)		· · · · · · · · · · · · · · · · · · ·	
(11)			
	b) must equal Form 990, Part X, col. (B) line 25.)		
		ext of the footnote to the ora	L anization's financial statements that reports the organization's
liability for un	certain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Part XIII

Cahadula	\Box	(Earm	000	2012
Schedule	u	(1 01111	330)	2012

Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	3,980,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	74,673		
b	Donated services and use of facilities	2b	0	1	
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)		143,544	1 1	
е	Add lines 2a through 2d			2e	218,217
3	Subtract line 2e from line 1			3	3,762,439
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ĺ			0,702,100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b	Other (Describe in Part XIII.)		0	1 1	
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,762,439
Part					
1	Total expenses and losses per audited financial statements			1	3,934,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•			
а	Donated services and use of facilities	2a	lo	1	
b	Prior year adjustments		0	!]	
c	Other losses		 		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	143,544
3	Subtract line 2e from line 1			3	3,791,290
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i ·	1	 	3,791,290
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	†		
C	Add lines 4a and 4b	40		4c	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	 18)		5	0 2 704 200
	XIII Supplemental Information	16 10.)		3	3,791,290
Comp Part V Inform	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4	b. Also	complete this part to	provide	any additional
	ule D, Part XI, Line 2d - Direct fundraising costs \$19,998, Rental expenses repulse D, Part XII, Line 2d - Direct fundraising costs \$19,998, Rental expenses re	oorted o	on 990-T \$123,546 on 990-T \$123,546		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Little	Red School House Inc						6053563
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organizati				Owing activities C	heck all that apply	
a	☐ Mail solicitations	on raioca ranas			ion of non-govern		
b	☐ Internet and email solicitation	nne	• L		ion of governmen		
c	Phone solicitations	2113	• -		-	-	
_	=		g L	_ Special	fundraising events	5	
d	In-person solicitations						
2 a	Did the organization have a wr	itten or oral agre	ement with	any indivi	dual (including off	icers, directors, trus	tees
b	or key employees listed in Form If "Yes," list the ten highest par compensated at least \$5,000 b	d individuals or	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	· · · · · · · · · · · · · · · · · · ·		
1					1		
2			-				
3						-17	
4			_	<u> </u>			
5	-					·····	
6		-					
7							
8			-				<u> </u>
9							
10							
Total				•			
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	olicit contribution	s or has been notific	ed it is exempt from

Part II

		gross receipts greater that	ເກ ສຸວຸບບບ.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			May Luncheon	Sip A Little Red	1	(add col (a) through col (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	48,205	10,075	6,360	64,640
ш	2	Less: Contributions Gross income (line 1 minus	33,705	4,325	0	38,030
		line 2)	14,500	5,750	6,360	26,610
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
enses	6	Rent/facility costs	1,585		0	1,585
Direct Expenses	7	Food and beverages	7,895	416	1,326	9,637
Direc	8	Entertainment	0	0	0	0
	9	Other direct expenses .	2,977	3,291	2,508	8,776
	10 11	Direct expense summary. Ad Net income summary. Comb			💺	(19,998)
Pa	rt III					6,612 reported more
		than \$15,000 on Form 9				•
ine			<u> </u>	_ · · · · · · · · · · · · · · · · · · ·		
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Rever	2	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming Yes % No	
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes% No	□ Yes%	
	2 3 4 5	Cash prizes	☐ Yes % ☐ No	bingo/progressive bingo Yes % No	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in co	bingo/progressive bingo Yes % No Dlumn (d)	☐ Yes% ☐ No	
Olrect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in co	bingo/progressive bingo Yes% No Dlumn (d)	☐ Yes% ☐ No	col (a) through col (c))
Ourect Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No d lines 2 through 5 in co v. Combine line 1, colum ganization operates gam perate gaming activities	bingo/progressive bingo Yes% No Dlumn (d)	☐ Yes% ☐ No	col (a) through col (c))
Ourect Expenses	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No d lines 2 through 5 in co	bingo/progressive bingo Yes% No Dlumn (d) nn d, and line 7 ning activities: in each of these states?	☐ Yes % ☐ No	col (a) through col (c))
Ourect Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes	Yes % No d lines 2 through 5 in co c. Combine line 1, colum ganization operates gam perate gaming activities aming licenses revoked,	bingo/progressive bingo Yes % No Dlumn (d)	☐ Yes % ☐ No	(Yes No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	lle G (Form 990 or 990-EZ) 2012			Page 3
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			%
14	An outside facility			%
	Name ►			 -
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	П	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 ▶ \$	_	_	_
С	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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	п,	4 「	7 81-
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 > \$		Yes [) NO
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co	line :	2b, te thi	s
	part to provide any additional information (see instructions).			
				
	······································			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Little Red School House Inc	91-6053563		
Form 990, Part VI, Section B, Line 11b - The finance committee reviews and presents the Form 990 to the board for their approval			
Form 990, Part VI, Section B, Line 12c - The board of directors and executive officers are required to fi	Il out a conflict of interest		
questionnaire annually. The forms are compiled and reviewed by the staff accountant.			
Form 000 Part VI Scotton P. Lino 15. On an annual basis the board of diseases, suited by the annual			
Form 990, Part VI, Section B, Line 15 - On an annual basis the board of directors, guided by the execution compensation of the executive director based on a review of comparative salaries of other similar nor			
House's historical practices.	reprofits as well as Little Red School		
Trouble of Indication production.			
Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents, conflict of in	terest policy and financial statements		
available to the public upon request.			
•			
•••••••••••••••••••••••••••••••••••••••			
••••••			

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•••••••••••••••••••••••••••••••••••••••			

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\mathbf{r}	VI C	ciali	OH.	JU. 11	edule

	Year	Cost		6/30/2013
Building	1998	1,658,682	40 Yrs	41,466
Electrical, Fence, etc	2002	15,003	7 Yrs	-
Heat Pumps	2007	36,586	10 Yrs	3,659
Lockbox-mail	2009	1,117	10 Yrs	112
Fire Alarm	2000	6,139	10 Yrs	-
Fridge, tables, etc	2001	12,229	10 Yrs	-
Heat Pumps	2006	8,967	10 Yrs	897
HVAC Units	2009	50,451	20 Yrs	2,523
Gutters	2010	27,594	20 Yrs	1,380
Flooring, door sensors	2009	6,066	10 Yrs	606
Pure Tech - Blinds	2000-01	2,704	10 Yrs	-
Carpet - YMCA	2011	6,670	7 Yrs	953
Windows	2011	1,916	10 Yrs	192
Carpet - Bldg A Common	2012	6,401	7 Yrs	914
		1,840,525		52,702

* 60.99%

32,143