

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2011, or fiscal year beginning 6/01, 2011, and ending 5/31, 20 12

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

2011Department of the Treasury
Internal Revenue Service
Name of exempt organization**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Employer identification number

62-6110201

Name and title of officer

ANNE COLLEY**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	928,466
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MCKERLEY & NOONAN, PC, CPA to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

ATC

Date

11/27/12**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62570912345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form—See Instructions**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning 06/01/11, and ending 05/31/12****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

3404 BELMONT BLVD.

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37215****D** Employer identification number**62-6110201****E** Telephone number**615-298-5647****G** Gross receipts \$**952,173****F** Name and address of principal officer:**ANNE COLLEY
3404 BELMONT BLVD.
NASHVILLE
TN 37215****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒ 501(c)(3)☐ 501(c)

() (insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: **WWW.CHILDRENSHOUSENASHVILLE.ORG****H(c)** Group exemption number ▶**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation: **1973****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	THE CHILDREN'S HOUSE IS A MONTESSORI PRESCHOOL AND KINDERGARTEN THAT GUIDES A DIVERSE GROUP OF CHILDREN TO BE JOYFUL, LIFELONG LEARNERS WHO RESPECT OTHERS.		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	0
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	28,366	88,557
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	736,628	814,530
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,298	1,979
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,469	23,400
	12	797,761	928,466
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,132	39,557
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	557,387	600,366
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	31,914	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	169,842	184,066
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	774,361	823,989
	19 Revenue less expenses. Subtract line 18 from line 12	23,400	104,477
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,166,211	1,269,528
	22 Net assets or fund balances. Subtract line 21 from line 20	114,357	113,197
		1,051,854	1,156,331

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

ANNE COLLEY

Type or print name and title

EXECUTIVE DIRECTOR

Date

06/08/2012

Paid**Preparer Use Only**

Print/Type preparer's name

J. R. NOONAN

Preparer's signature

Date

01/03/13

Check ☐ if PTIN

self-employed

P00037315

Firm's name

MCKERLEY & NOONAN, PC, CPA

Firm's EIN

Firm's address

**104 WOODMONT BLVD STE 120
NASHVILLE, TN 37205-2311**

Phone no.

615-279-0088

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2011)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE CHILDREN'S HOUSE IS A MONTESSORI PRESCHOOL AND KINDERGARTEN THAT GUIDES A DIVERSE GROUP OF CHILDREN TO BE JOYFUL, LIFELONG LEARNERS WHO RESPECT OTHERS.

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

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

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 \$ **682,814** including grants of \$ **39,557**) (Revenue \$)
PROVIDED MONTESSORI EDUCATION TO 75 CHILDREN DURING SEPTEMBER - MAY;
PROVIDED CHILDCARE TO 50 CHILDREN DURING SUMMER AND BEFORE AND AFTER SCHOOL
DURING SCHOOL YEAR

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

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 **682,814**

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
20a 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 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 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? If "Yes," complete Schedule I, Parts I and III	22 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? If "Yes," complete Schedule J	23	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, 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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X
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	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? If "Yes," complete Schedule R, Part VI	37	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	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	23
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)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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?	6a	X
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).		
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?	7a	X
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	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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
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	
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.		
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	
14a	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

	1a	1b	Yes	No
1a 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.	16			
b Enter the number of voting members included in line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a 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?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **TN**

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.
☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ANNE COLLEY** **3404 BELMONT BLVD.** **615-298-5647**
NASHVILLE **TN 37215**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 nor any related organizations 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) ANNE COLLEY EXECUTIVE DIRECTOR	50.00	X						0		
(2) JUANITA COLLIER FACULTY REP	40.00	X						0		
(3) MCLEAN BARBIERI DIRECTOR	2.00	X						0	0	0
(4) CHIP COX TREASURER	1.00	X		X				0	0	0
(5) BETH COURTNEY DIRECTOR	1.00	X						0	0	0
(6) BETSY CUNAGIN CHAIR ELECT	2.00	X		X				0	0	0
(7) VIC GATTO DIRECTOR	1.00	X		X				0	0	0
(8) TINA EHRIG DIRECTOR	1.00	X						0	0	0
(9) JEFF HEEREN DIRECTOR	1.00	X						0	0	0
(10) DAPHNE BUTLER DIRECTOR	1.00	X						0	0	0
(11) CHRISTIE LAIRD DIRECTOR	1.00	X						0	0	0
(12) DEBORAH MCCOURT DIRECTOR	1.00	X						0	0	0
(13) THOMAS MCDANIEL DIRECTOR	1.00	X						0	0	0
(14) SHANA KRUMWIEDE SECRETARY	1.00	X		X				0	0	0

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

(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			
(15) KRISTINA STORCK DIRECTOR	1.00	X						0	0	0
(16) ANGELA WILLIAMSON DIRECTOR	1.00	X						0	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								126,354		22,243
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								126,354		22,243

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

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 of compensation from the organization **0**

Form 990 (2011) **CHILDREN'S HOUSE OF NASHVILLE, INC.** 62-6110201Page **9****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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	15,103			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	73,454			
	g Noncash contributions included in lines 1a-1f:	\$	15,103			
	h Total. Add lines 1a-1f		88,557			
Program Service Revenue	2a TUITION	Busn. Code	699,682	699,682		
	b SUMMER SCHOOL TUITION		57,812	57,812		
	c EXTENDED CARE FEES		42,253	42,253		
	d OTHER MISC FEES		8,483	8,483		
	e APPLICATION FEES		5,700	5,700		
	f All other program service revenue		600	600		
	g Total. Add lines 2a-2f		814,530			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,979		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 15,103 of contributions reported on line 1c). See Part IV, line 18		a	46,539			
b Less: direct expenses	b	23,556				
c Net income or (loss) from fundraising events		22,983			22,983	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	284				
b Less: cost of goods sold	b	151				
c Net income or (loss) from sales of inventory		133			133	
Miscellaneous Revenue						
11a OTHER REVENUE	Busn. Code	284	284			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		284				
12 Total revenue. See instructions.		928,466	814,814	0	25,095	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	13,555	13,555		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	26,002	26,002		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,293	21,573	43,147	21,573
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 Other salaries and wages	424,676	369,468	46,714	8,494
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,445	14,828	2,268	349
9 Other employee benefits	34,252	34,252		
10 Payroll taxes	37,700	31,668	5,278	754
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,666	1,666		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,594	3,594		
12 Advertising and promotion	2,199	2,199		
13 Office expenses	34,677	32,943	1,040	694
14 Information technology	1,982	436	1,546	
15 Royalties				
16 Occupancy	80,662	77,459	3,203	
17 Travel	12,711	12,711		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,395	3,395		
20 Interest				
21 Payments to affiliates	1,177	1,177		
22 Depreciation, depletion, and amortization	40,164	34,099	6,065	
23 Insurance	1,520	1,520		
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 MISCELLANEOUS EXPENSES	269	269		
b ALLOWANCE FOR BAD DEBT	50			50
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	823,989	682,814	109,261	31,914
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	6,859	1	44,598
	2 Savings and temporary cash investments	160,212	2	242,808
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,624	4	43,837
	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	722	8	687
	9 Prepaid expenses and deferred charges	7,841	9	6,079
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,498,472		
	b Less: accumulated depreciation	10b 566,953		
		965,953	10c	931,519
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,166,211	16	1,269,528	
Liabilities	17 Accounts payable and accrued expenses	101	17	2,283
	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	
	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	114,256	25	110,914
	26 Total liabilities. Add lines 17 through 25	114,357	26	113,197
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input checked="" 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		1,005,845	31	1,005,845
32 Retained earnings, endowment, accumulated income, or other funds		46,009	32	150,486
33 Total net assets or fund balances	1,051,854	33	1,156,331	
34 Total liabilities and net assets/fund balances	1,166,211	34	1,269,528	

Part XI Reconciliation of Net AssetsCheck 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	928,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	823,989
3	Revenue less expenses. Subtract line 2 from line 1	3	104,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,051,854
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	1,156,331

Part XII Financial Statements and ReportingCheck 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		

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

2011Open to Public
Inspection

Name of the organization

CHILDREN'S HOUSE OF NASHVILLE, INC.

Employer identification number

62-6110201**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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type 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 it 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?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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 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 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 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 year 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 lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 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. ☐

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)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ 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.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

Employer identification number

CHILDREN'S HOUSE OF NASHVILLE, INC.**62-6110201****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

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)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

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.

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

2a 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
1a 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%.

3a 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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

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
1a Land		75,078		75,078
b Buildings		1,327,524	483,879	843,645
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				918,723

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 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, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(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, col. (B) line 13.)		

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PREPAID TUITION PAYABLE	71,075	
(3) PAYROLL DEFERRAL	39,839	
(4) HEALTH INSURANCE PAYABLE		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	110,914	

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	928,466
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	823,989
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	104,477
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	104,477

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	928,466
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	928,466
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	928,466

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	823,989
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	823,989
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	823,989

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.

Part XIV Supplemental Information (continued)

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schools

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

OMB No 1545-0047

2011Open to Public
Inspection**CHILDREN'S HOUSE OF NASHVILLE, INC.**Employer identification number
62-6110201**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 has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. AD IN LOCAL NEWSPAPER EACH JANUARY ANNOUNCING OPEN HOUSE. NON-DISCRIMINATION POLICY POSTED IN WEBSITE, APPLICATION FORM AND SCHOLARSHIP INFORMATION.	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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2011)

Part II

Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete 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

2011Open To Public
Inspection

Name of the organization

CHILDREN'S HOUSE OF NASHVILLE, INC.

Employer identification number

62-6110201**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

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
		AUCTION (event type)	WINTER BAZAAR (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	49,232	12,410		61,642
	2 Less: Charitable contributions	15,103			15,103
	3 Gross income (line 1 minus line 2)	34,129	12,410		46,539
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	19,652	3,904		23,556
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,556
11 Net income summary. Combine line 3, column (d), and line 10				22,983	

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 col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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? 9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ 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 | % |
| b An outside facility | 13b | % |
- 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 contract 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)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HOUSE OF NASHVILLE, INC.

Employer identification number

62-6110201**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? ☒ Yes ☐ No
- 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

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)	BELMONT UNIVERSITY 1900 BELMONT BLVD. NASHVILLE TN 37212		501C3	13,555				INTERN SCHOLARSHIP
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2011)

DAA

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	4	26,002			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION USES A THIRD PARTY TO REVIEW THE APPLICATION AND APPROVE

THE ASSISTANCE PROVIDED.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No. 1545-0047

2011Open to Public
Inspection

CHILDREN'S HOUSE OF NASHVILLE, INC.

Employer identification number

62-6110201

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

EXECUTIVE DIRECTOR WILL PROVIDE FORM 990 TO THE BOARD OF DIRECTORS VIA AN
EMAIL ATTACHED DOCUMENT AND ALSO PROVIDE A PAPER COPY AT BOARD MEETING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CONFLICT OF INTEREST AGREEMENT AND DISCLOSURE IS SIGNED BY ALL STAFF,
VOLUNTEERS AND BOARD MEMBERS TO BE KEPT ON FILE AND UPDATED AS APPROPRIATE.FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPARABILITY DATA USING AMERICAN MONTESSORI SOCIETY COMPENSATION SURVEY
DATA AND FEDERAL LABOR & WAGE DATA.FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPARABILITY DATA USING AMERICAN MONTESSORI SOCIETY COMPENSATION SURVEY
DATA AND FEDERAL LABOR & WAGE DATA.FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE LOCATED ON THE ORGANIZATION'S WEBSITE.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2011Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

CHILDREN'S HOUSE OF NASHVILLE, INC.Identifying number
62-6110201

Business or activity to which this form relates

MISCELLANEOUS**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	563

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	563
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

62-6110201

Federal Asset Report

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	ORIGINAL EQUIPMENT	1/01/80	0					0	0	HY	0	0
2	NEW CLASSROOM-MONTESSORI MAT	5/31/87	0					0	0	HY	0	0
3	CHAIRS, EASELS, ETC	6/30/88	0					0	0	HY	0	0
4	NEW EQUIPMENT	7/31/88	0					0	0	HY	0	0
5	PLAYGROUND EQUIPMENT	8/31/88	0					0	0	HY	0	0
6	MONTESSORI EQUIPMENT	10/01/90	0					0	0	HY	0	0
7	MONTESSORI EQUIPMENT	12/01/90	0					0	0	HY	0	0
8	MONTESSORI EQUIPMENT	1/01/91	0					0	0	HY	0	0
9	MONTESSORI EQUIPMENT	4/01/91	0					0	0	HY	0	0
10	MONTESSORI EQUIPMENT	5/01/91	0					0	0	HY	0	0
11	MONTESSORI EQUIPMENT	6/01/91	0					0	0	HY	0	0
12	MONTESSORI EQUIPMENT	7/01/91	0					0	0	HY	0	0
13	Montessori equipment	6/30/93	0					0	0	HY	0	0
14	Montessori language materials	11/30/93	0					0	0	HY	0	0
15	Montessori math materials	11/30/93	0					0	0	HY	0	0
16	Montessori math materials	3/31/94	0					0	0	HY	0	0
17	2 child-sized picnic tables	5/31/94	0					0	0	HY	0	0
18	Wooden children's tables (2)	6/01/94	0					0	0	HY	0	0
19	Montessori Math Equipment	5/29/95	0					0	0	HY	0	0
20	Tape player	12/31/93	0					0	0	HY	0	0
21	Equipment	3/31/94	0					0	0	HY	0	0
22	Papercutter	3/31/94	0					0	0	HY	0	0
23	Two adult-sized picnic tables	5/31/94	0					0	0	HY	0	0
24	Picnic Table	6/01/94	0					0	0	HY	0	0
25	Encyclopedia Set	6/22/94	0					0	0	HY	0	0
26	Computer Cart	8/15/94	0					0	0	HY	0	0
27	Computer Sound System	9/14/94	0					0	0	HY	0	0
28	Remodeling	10/31/93	0					0	0	HY	0	0
29	Computer Table	11/28/94	0					0	0	HY	0	0
30	Telephone System	1/09/95	0					0	0	HY	0	0
31	486 DX2 Computer And Printer	1/09/95	0					0	0	HY	0	0
32	Office Table	2/17/95	0					0	0	HY	0	0
33	Computer With Fax For Office	4/27/95	0					0	0	HY	0	0
34	Photo Button Camera	5/09/95	0					0	0	HY	0	0
35	Fax Jack	5/19/95	0					0	0	HY	0	0
36	Bookshelf	8/22/95	0					0	0	HY	0	0
37	Fax Machine	8/22/95	0					0	0	HY	0	0
38	Computer Table	8/29/95	0					0	0	HY	0	0
39	Workbench	9/25/95	0					0	0	HY	0	0
40	Chairs	10/13/95	0					0	0	HY	0	0
41	Shelf For Office	11/02/95	0					0	0	HY	0	0
42	Vacuum Cleaner	11/20/95	0					0	0	HY	0	0
43	Class A - CD player	6/09/96	0					0	0	HY	0	0
44	Answering machine	6/09/96	0					0	0	HY	0	0
46	Class A - printer	8/31/96	0					0	0	HY	0	0
47	Class A - CD ROM, Soundblaster	9/05/96	0					0	0	HY	0	0
48	Answering machine	12/11/96	0					0	0	HY	0	0
49	Class C - bookcase	1/07/97	0					0	0	HY	0	0
50	Office bookshelf	1/07/97	0					0	0	HY	0	0
51	Class C - stereo	4/08/97	0					0	0	HY	0	0
52	Telephone	5/06/97	0					0	0	HY	0	0
53	2 Taborets	5/27/97	0					0	0	HY	0	0
54	Office chairs	5/30/97	0					0	0	HY	0	0
56	CD ROM	4/16/96	0					0	0	HY	0	0
57	CI A shelf	8/12/97	0					0	0	HY	0	0
58	CI A 2 bookcases	8/13/97	0					0	0	HY	0	0
59	shelves for bathrooms	8/26/97	0					0	0	HY	0	0
60	classroomss C baths & janitor room	8/26/97	0					0	0	HY	0	0
61	refrigerator	9/17/97	0					0	0	HY	0	0
62	3 art tables	9/18/97	0					0	0	HY	0	0
63	chairs for CL B	9/22/97	0					0	0	HY	0	0
64	chairs CI C	9/26/97	0					0	0	HY	0	0
65	chair replacement	11/04/97	0					0	0	HY	0	0
66	refrigerator for classroom C	4/02/98	0					0	0	HY	0	0
67	laminator	5/30/98	0					0	0	HY	0	0
68	ORIGINAL FURNITURE & FIXTURES	Various	0					0	0	HY	0	0
69	BPI A/R MODULE	10/01/88	0					0	0	HY	0	0
70	WATER HEATER	4/01/89	0					0	0	HY	0	0

62-6110201

Federal Asset Report

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
71	SHELVES	8/01/89	0				0	0	HY	0	0
72	ANSWERING MACHINE	8/01/91	0				0	0	HY	0	0
73	CAMERA	10/01/91	0				0	0	HY	0	0
74	COMPUTER EQUIPMENT	2/01/92	0				0	0	HY	0	0
75	SHELVES ON ROLLERS (2-SETS)	8/01/90	0				0	0	HY	0	0
76	LAMINATOR	10/01/90	0				0	0	HY	0	0
77	DISHWASHER	3/01/91	0				0	0	HY	0	0
78	Book shelves	9/01/92	0				0	0	HY	0	0
79	Tape recorder	9/01/92	0				0	0	HY	0	0
80	Telephone	9/17/92	0				0	0	HY	0	0
81	Tape player/boom box	11/10/92	0				0	0	HY	0	0
82	Paper cutter & clock	8/15/92	0				0	0	HY	0	0
83	Storage bins	7/31/93	0				0	0	HY	0	0
84	Two wall clocks	8/31/93	0				0	0	HY	0	0
85	Equipment	11/30/93	0				0	0	HY	0	0
86	Display/storage shelf	11/30/93	0				0	0	HY	0	0
87	ORIGINAL BUILDING	1/01/80	0				0	0	HY	0	0
88	IMPROVEMENTS #2	12/01/80	0				0	0	HY	0	0
89	WATERPROOFING	6/01/83	0				0	0	HY	0	0
90	PAVE DRIVE	8/01/84	0				0	0	HY	0	0
91	WALL & CEILING IMPROVEMENTS	6/01/84	0				0	0	HY	0	0
92	IMPROVEMENTS	8/01/85	0				0	0	HY	0	0
93	IMPROVEMENTS	10/01/85	0				0	0	HY	0	0
94	IMPROVEMENTS	1/01/86	0				0	0	HY	0	0
95	ARCHITECT FEE	5/31/87	0				0	0	HY	0	0
96	BUILDERS RISK INSURANCE	6/30/88	0				0	0	HY	0	0
97	BUILDING IMPROVEMENTS	7/31/88	0				0	0	HY	0	0
98	BUILDING IMPROVEMENTS	8/31/88	0				0	0	HY	0	0
99	BUILDING IMPROVEMENTS	9/30/88	0				0	0	HY	0	0
100	BUILDING IMPROVEMENTS	10/31/88	0				0	0	HY	0	0
101	BUILDING IMPROVEMENTS	12/31/88	0				0	0	HY	0	0
102	DRIVEWAY	4/30/88	0				0	0	HY	0	0
103	DRIVEWAY & DRAINAGE	5/31/88	0				0	0	HY	0	0
104	GATE	6/01/88	0				0	0	HY	0	0
105	IRRIGATION	8/01/88	0				0	0	HY	0	0
106	IRRIGATION	9/01/88	0				0	0	HY	0	0
107	SHRUBS	11/01/88	0				0	0	HY	0	0
108	AIR CONDITIONER INSTALLED	3/01/90	0				0	0	HY	0	0
109	CARPENTRY & IMPROVEMENTS	8/01/90	0				0	0	HY	0	0
110	Improvements	6/30/92	0				0	0	HY	0	0
111	Improvements	7/31/92	0				0	0	HY	0	0
112	Improvements	2/28/93	0				0	0	HY	0	0
113	Improvements	5/31/93	0				0	0	HY	0	0
114	Remodeling	8/31/93	0				0	0	HY	0	0
115	Sign	1/25/95	0				0	0	HY	0	0
116	Linoleum Floor Covering	8/14/95	0				0	0	HY	0	0
117	Fence Materials For Playground	10/10/95	0				0	0	HY	0	0
118	Replace all locks	11/14/96	0				0	0	HY	0	0
119	Commodes	4/08/97	0				0	0	HY	0	0
120	Smoke detectors	5/06/97	0				0	0	HY	0	0
121	Bathroom renovation	5/27/97	0				0	0	HY	0	0
122	Pave parking lot	6/09/97	0				0	0	HY	0	0
123	renovate downstairs bathrooms	7/25/97	0				0	0	HY	0	0
124	contractor, renovate downstairs bathrooms	8/04/97	0				0	0	HY	0	0
125	downstairs air conditioning	10/09/97	0				0	0	HY	0	0
126	contractor, final renovate bathrooms	12/09/97	0				0	0	HY	0	0
127	renovation, final pymt	12/11/97	0				0	0	HY	0	0
128	Land	1/01/87	0				0	0	HY	0	0
129	Shade canopy	8/24/98	0				0	0	HY	0	0
130	Fence	9/29/98	0				0	0	HY	0	0
131	Hival 16x5 CD Change	8/03/98	0				0	0	HY	0	0
132	Crea SB Vibra 16/24x	8/03/98	0				0	0	HY	0	0
133	8 chairs for class C	8/25/98	0				0	0	HY	0	0
134	4 chairs	8/25/98	0				0	0	HY	0	0
135	3 folding tables	9/11/98	0				0	0	HY	0	0
136	TV/VCR for classroom C	2/17/99	0				0	0	HY	0	0
137	Computer	4/20/99	0				0	0	HY	0	0
138	Playground equipment	4/03/00	0				0	0	HY	0	0
139	Printer teacher workroom	10/11/99	0				0	0	HY	0	0
140	2 bookcases for class B	11/02/99	0				0	0	HY	0	0
141	Table	12/06/99	0				0	0	HY	0	0

62-6110201

Federal Asset Report

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
142	Shelving unit for B	2/04/00	0				0	0	HY		0	0
143	Hardwood table	2/15/00	0				0	0	HY		0	0
144	Computer cart	3/31/00	0				0	0	HY		0	0
145	2 office chairs	5/30/00	0				0	0	HY		0	0
146	Tile floor	7/24/00	0				0	0	HY		0	0
147	Cabinets	10/10/00	0				0	0	HY		0	0
148	Metal exit stair & handrail	12/05/00	0				0	0	HY		0	0
149	Playground equipment	7/19/00	0				0	0	HY		0	0
150	Vacuum cleaner	9/23/00	0				0	0	HY		0	0
151	Dishwasher	9/27/00	0				0	0	HY		0	0
152	Canon copier	12/07/00	0				0	0	HY		0	0
153	Canon Super G3 Fax	12/07/00	0				0	0	HY		0	0
154	John TeSelle Arch - inv 31	12/07/00	0				0	0	HY		0	0
155	John TeSelle Arch code research	1/09/01	0				0	0	HY		0	0
156	John TeSelle Arch	2/07/01	0				0	0	HY		0	0
157	John TeSelle Arch prints	3/05/01	0				0	0	HY		0	0
158	Metro Codes - zoning application fee	12/12/00	0				0	0	HY		0	0
159	Outdoor sign	12/03/01	0				0	0	HY		0	0
160	Dell computer	5/24/02	0				0	0	HY		0	0
161	Topography	8/16/01	0				0	0	HY		0	0
162	John TeSelle - design	6/06/02	0				0	0	HY		0	0
163	John TeSelle	7/10/02	0				0	0	HY		0	0
164	John TeSelle	8/15/02	0				0	0	HY		0	0
165	John TeSelle - design, devel, constr. docs	9/17/02	0				0	0	HY		0	0
166	John TeSelle - construction docs	10/08/02	0				0	0	HY		0	0
167	John TeSelle - construction docs	11/04/02	0				0	0	HY		0	0
168	John TeSelle - bidding & neg.	12/03/02	0				0	0	HY		0	0
169	John TeSelle - constr. admin	1/09/03	0				0	0	HY		0	0
170	John TeSelle - constr. admin	2/04/03	0				0	0	HY		0	0
171	Terracon - concrete testing	2/24/03	0				0	0	HY		0	0
172	John TeSelle - constr. admin	3/11/03	0				0	0	HY		0	0
173	Terracon	3/28/03	0				0	0	HY		0	0
174	John TeSelle- changes	3/28/03	0				0	0	HY		0	0
175	Cooper Love & Jackson- builders ins	4/04/03	0				0	0	HY		0	0
176	John TeSelle - constr. admin	5/07/03	0				0	0	HY		0	0
177	Conseco Group	1/07/03	0				0	0	HY		0	0
178	Conseco Group	1/28/03	0				0	0	HY		0	0
179	Metro/American Eagle Ready Mix	2/06/03	0				0	0	HY		0	0
180	Alley-Cassetty Brick	2/06/03	0				0	0	HY		0	0
181	Girtman Total Openings - doors & hardware	2/24/03	0				0	0	HY		0	0
182	Metro/American Eagle Ready Mix	2/25/03	0				0	0	HY		0	0
183	Dale Inc. - windows	3/04/03	0				0	0	HY		0	0
184	Conseco Group	3/05/03	0				0	0	HY		0	0
185	Porter Paints	3/12/03	0				0	0	HY		0	0
186	Conseco Group	4/01/03	0				0	0	HY		0	0
187	Consolidated Electrical	4/03/03	0				0	0	HY		0	0
188	Alley-Cassetty Brick	4/03/03	0				0	0	HY		0	0
189	Rinker Materials	4/10/03	0				0	0	HY		0	0
190	Electricity reimbursed	4/01/03	0				0	0	HY		0	0
191	Consolidated Electrical	4/16/03	0				0	0	HY		0	0
192	Consolidated Electrical	4/22/03	0				0	0	HY		0	0
193	Alley-Cassetty Brick	5/01/03	0				0	0	HY		0	0
194	Rinker Materials	5/01/03	0				0	0	HY		0	0
195	Conseco Group	5/08/03	0				0	0	HY		0	0
196	Consolidated Electrical	5/07/03	0				0	0	HY		0	0
197	Rinker Materials	5/07/03	0				0	0	HY		0	0
198	Consolidated Electrical	5/07/03	0				0	0	HY		0	0
199	Porter Paints	5/13/03	0				0	0	HY		0	0
200	Metro/American Eagle Ready Mix	5/22/03	0				0	0	HY		0	0
201	New air exchange	9/16/03	0				0	0	HY		0	0
202	Water heater unit	3/03/04	0				0	0	HY		0	0
203	Laminator	4/05/04	0				0	0	HY		0	0
204	John TeSelle	6/02/03	0				0	0	HY		0	0
205	John TeSelle	6/30/03	0				0	0	HY		0	0
206	John TeSelle	7/30/03	0				0	0	HY		0	0
207	10 tables, 5 shelves	9/11/03	0				0	0	HY		0	0
208	chairs for A	9/15/03	0				0	0	HY		0	0
209	2 30x60 tables	10/01/03	0				0	0	HY		0	0
210	Table	10/10/03	0				0	0	HY		0	0
211	5 bookcases	12/09/03	0				0	0	HY		0	0
212	Building costs	6/15/03	0				0	0	HY		0	0

62-6110201

Federal Asset Report

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
213	Building costs	7/15/03	0				0	0	HY	0	0
215	Building costs	8/15/03	0				0	0	HY	0	0
216	Building costs	9/15/03	0				0	0	HY	0	0
217	Building	11/26/03	0				0	0	HY	0	0
218	Building	12/15/03	0				0	0	HY	0	0
219	Building	3/01/04	0				0	0	HY	0	0
220	New building	8/01/03	0				0	0	HY	0	0
221	New Building	8/01/03	0				0	0	HY	0	0
222	Large blocks	10/21/05	0				0	0	HY	0	0
223	Software	11/01/05	0				0	0	HY	0	0
224	Printer	5/31/07	0				0	0	HY	0	0
225	Wooden maps for classroom	5/31/07	0				0	0	HY	0	0
226	Wooden Classroom Chairs	5/31/07	0				0	0	HY	0	0
227	Wooden Classroom Chairs	6/01/07	0				0	0	HY	0	0
228	Dell Computer	6/01/07	0				0	0	HY	0	0
229	Dell Computer - Anne's Office	4/04/08	0				0	0	HY	0	0
230	Dell Laptop Computer	4/08/08	0				0	0	HY	0	0
231	Carpet - Multipurpose Room	5/31/08	0				0	0	HY	0	0
232	John TeSelle - playground design	6/02/08	0				0	0	HY	0	0
233	John TeSelle - playground design	12/04/08	0				0	0	HY	0	0
234	Wheeler Surveying - fence	12/19/08	0				0	0	HY	0	0
235	Rio Grande Fence Co	3/04/09	0				0	0	HY	0	0
236	Dishwasher	2/26/09	0				0	0	HY	0	0
237	Refrigerator	3/10/09	0				0	0	HY	0	0
238	5 desktop computers	4/03/09	0				0	0	HY	0	0
239	4 Angeles tricycles	4/15/09	0				0	0	HY	0	0
240	Copier	11/11/09	0				0	0	HY	0	0
241	Rock Blocks Climber	6/30/09	0				0	0	HY	0	0
242	Patio Umbrella	8/13/09	0				0	0	HY	0	0
243	Playground	3/31/10	0				0	0	HY	0	0
244	Playground	3/31/10	0				0	0	HY	0	0
245	Plumbing for Bathroom and Dishwasher	8/19/11	3,357				3,357	15	MO S/L	0	168
246	3 dishwashers	7/29/11	2,371				2,371	5	MO S/L	0	395
Total Other Depreciation			<u>5,728</u>				<u>5,728</u>			<u>0</u>	<u>563</u>
Total ACRS and Other Depreciation			<u>5,728</u>				<u>5,728</u>			<u>0</u>	<u>563</u>
Grand Totals			5,728				5,728			0	563
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>5,728</u>				<u>5,728</u>			<u>0</u>	<u>563</u>

01/03/2013 10:21 AM

Depreciation Adjustment Report

All Business Activities

There are no assets that meet the criteria of this report

62-6110201

Future Depreciation Report**FYE: 5/31/13**

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	ORIGINAL EQUIPMENT	1/01/80	0	0	0
2	NEW CLASSROOM-MONTESSORI MATERI.	5/31/87	0	0	0
3	CHAIRS, EASELS, ETC	6/30/88	0	0	0
4	NEW EQUIPMENT	7/31/88	0	0	0
5	PLAYGROUND EQUIPMENT	8/31/88	0	0	0
6	MONTESSORI EQUIPMENT	10/01/90	0	0	0
7	MONTESSORI EQUIPMENT	12/01/90	0	0	0
8	MONTESSORI EQUIPMENT	1/01/91	0	0	0
9	MONTESSORI EQUIPMENT	4/01/91	0	0	0
10	MONTESSORI EQUIPMENT	5/01/91	0	0	0
11	MONTESSORI EQUIPMENT	6/01/91	0	0	0
12	MONTESSORI EQUIPMENT	7/01/91	0	0	0
13	Montessori equipment	6/30/93	0	0	0
14	Montessori language materials	11/30/93	0	0	0
15	Montessori math materials	11/30/93	0	0	0
16	Montessori math materials	3/31/94	0	0	0
17	2 child-sized picnic tables	5/31/94	0	0	0
18	Wooden children's tables (2)	6/01/94	0	0	0
19	Montessori Math Equipment	5/29/95	0	0	0
20	Tape player	12/31/93	0	0	0
21	Equipment	3/31/94	0	0	0
22	Papercutter	3/31/94	0	0	0
23	Two adult-sized picnic tables	5/31/94	0	0	0
24	Picnic Table	6/01/94	0	0	0
25	Encyclopedia Set	6/22/94	0	0	0
26	Computer Cart	8/15/94	0	0	0
27	Computer Sound System	9/14/94	0	0	0
28	Remodeling	10/31/93	0	0	0
29	Computer Table	11/28/94	0	0	0
30	Telephone System	1/09/95	0	0	0
31	486 DX2 Computer And Printer	1/09/95	0	0	0
32	Office Table	2/17/95	0	0	0
33	Computer With Fax For Office	4/27/95	0	0	0
34	Photo Button Camera	5/09/95	0	0	0
35	Fax Jack	5/19/95	0	0	0
36	Bookshelf	8/22/95	0	0	0
37	Fax Machine	8/22/95	0	0	0
38	Computer Table	8/29/95	0	0	0
39	Workbench	9/25/95	0	0	0
40	Chairs	10/13/95	0	0	0
41	Shelf For Office	11/02/95	0	0	0
42	Vacuum Cleaner	11/20/95	0	0	0
43	Class A - CD player	6/09/96	0	0	0
44	Answering machine	6/09/96	0	0	0
46	Class A - printer	8/31/96	0	0	0
47	Class A - CD ROM, Soundblaster	9/05/96	0	0	0
48	Answering machine	12/11/96	0	0	0
49	Class C - bookcase	1/07/97	0	0	0
50	Office bookshelf	1/07/97	0	0	0
51	Class C - stereo	4/08/97	0	0	0
52	Telephone	5/06/97	0	0	0
53	2 Taborets	5/27/97	0	0	0
54	Office chairs	5/30/97	0	0	0
56	CD ROM	4/16/96	0	0	0
57	CI A shelf	8/12/97	0	0	0
58	CI A 2 bookcases	8/13/97	0	0	0
59	shelves for bathrooms	8/26/97	0	0	0
60	classroomss C baths & janitor room	8/26/97	0	0	0
61	refrigerator	9/17/97	0	0	0
62	3 art tables	9/18/97	0	0	0
63	chairs for CL B	9/22/97	0	0	0
64	chairs CI C	9/26/97	0	0	0
65	chair replacement	11/04/97	0	0	0
66	refrigerator for classroom C	4/02/98	0	0	0
67	laminator	5/30/98	0	0	0
68	ORIGINAL FURNITURE & FIXTURES	Various	0	0	0
69	BPI A/R MODULE	10/01/88	0	0	0

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Future Depreciation Report**FYE: 5/31/13**

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Tax	AMT
70	WATER HEATER	4/01/89	0	0	0
71	SHELVES	8/01/89	0	0	0
72	ANSWERING MACHINE	8/01/91	0	0	0
73	CAMERA	10/01/91	0	0	0
74	COMPUTER EQUIPMENT	2/01/92	0	0	0
75	SHELVES ON ROLLERS (2-SETS)	8/01/90	0	0	0
76	LAMINATOR	10/01/90	0	0	0
77	DISHWASHER	3/01/91	0	0	0
78	Book shelves	9/01/92	0	0	0
79	Tape recorder	9/01/92	0	0	0
80	Telephone	9/17/92	0	0	0
81	Tape player/boom box	11/10/92	0	0	0
82	Paper cutter & clock	8/15/92	0	0	0
83	Storage bins	7/31/93	0	0	0
84	Two wall clocks	8/31/93	0	0	0
85	Equipment	11/30/93	0	0	0
86	Display/storage shelf	11/30/93	0	0	0
87	ORIGINAL BUILDING	1/01/80	0	0	0
88	IMPROVEMENTS #2	12/01/80	0	0	0
89	WATERPROOFING	6/01/83	0	0	0
90	PAVE DRIVE	8/01/84	0	0	0
91	WALL & CEILING IMPROVEMENTS	6/01/84	0	0	0
92	IMPROVEMENTS	8/01/85	0	0	0
93	IMPROVEMENTS	10/01/85	0	0	0
94	IMPROVEMENTS	1/01/86	0	0	0
95	ARCHITECT FEE	5/31/87	0	0	0
96	BUILDERS RISK INSURANCE	6/30/88	0	0	0
97	BUILDING IMPROVEMENTS	7/31/88	0	0	0
98	BUILDING IMPROVEMENTS	8/31/88	0	0	0
99	BUILDING IMPROVEMENTS	9/30/88	0	0	0
100	BUILDING IMPROVEMENTS	10/31/88	0	0	0
101	BUILDING IMPROVEMENTS	12/31/88	0	0	0
102	DRIVEWAY	4/30/88	0	0	0
103	DRIVEWAY & DRAINAGE	5/31/88	0	0	0
104	GATE	6/01/88	0	0	0
105	IRRIGATION	8/01/88	0	0	0
106	IRRIGATION	9/01/88	0	0	0
107	SHRUBS	11/01/88	0	0	0
108	AIR CONDITIONER INSTALLED	3/01/90	0	0	0
109	CARPENTRY & IMPROVEMENTS	8/01/90	0	0	0
110	Improvements	6/30/92	0	0	0
111	Improvements	7/31/92	0	0	0
112	Improvements	2/28/93	0	0	0
113	Improvements	5/31/93	0	0	0
114	Remodeling	8/31/93	0	0	0
115	Sign	1/25/95	0	0	0
116	Linoleum Floor Covering	8/14/95	0	0	0
117	Fence Materials For Playground	10/10/95	0	0	0
118	Replace all locks	11/14/96	0	0	0
119	Commodos	4/08/97	0	0	0
120	Smoke detectors	5/06/97	0	0	0
121	Bathroom renovation	5/27/97	0	0	0
122	Pave parking lot	6/09/97	0	0	0
123	renovate downstairs bathrooms	7/25/97	0	0	0
124	contractor, renovate downstairs bathrooms	8/04/97	0	0	0
125	downstairs air conditioning	10/09/97	0	0	0
126	contractor, final renovate bathrooms	12/09/97	0	0	0
127	renovation, final pymt	12/11/97	0	0	0
128	Land	1/01/87	0	0	0
129	Shade canopy	8/24/98	0	0	0
130	Fence	9/29/98	0	0	0
131	Hival 16x5 CD Change	8/03/98	0	0	0
132	Crea SB Vibra 16/24x	8/03/98	0	0	0
133	8 chairs for class C	8/25/98	0	0	0
134	4 chairs	8/25/98	0	0	0
135	3 folding tables	9/11/98	0	0	0
136	TV/VCR for classroom C	2/17/99	0	0	0
137	Computer	4/20/99	0	0	0
138	Playground equipment	4/03/00	0	0	0
139	Printer teacher workroom	10/11/99	0	0	0
140	2 bookcases for class B	11/02/99	0	0	0

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Future Depreciation Report**FYE: 5/31/13**

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Tax	AMT
141	Table	12/06/99	0	0	0
142	Shelving unit for B	2/04/00	0	0	0
143	Hardwood table	2/15/00	0	0	0
144	Computer cart	3/31/00	0	0	0
145	2 office chairs	5/30/00	0	0	0
146	Tile floor	7/24/00	0	0	0
147	Cabinets	10/10/00	0	0	0
148	Metal exit stair & handrail	12/05/00	0	0	0
149	Playground equipment	7/19/00	0	0	0
150	Vacuum cleaner	9/23/00	0	0	0
151	Dishwasher	9/27/00	0	0	0
152	Canon copier	12/07/00	0	0	0
153	Canon Super G3 Fax	12/07/00	0	0	0
154	John TeSelle Arch - inv 31	12/07/00	0	0	0
155	John TeSelle Arch code research	1/09/01	0	0	0
156	John TeSelle Arch	2/07/01	0	0	0
157	John TeSelle Arch prints	3/05/01	0	0	0
158	Metro Codes - zoning application fee	12/12/00	0	0	0
159	Outdoor sign	12/03/01	0	0	0
160	Dell computer	5/24/02	0	0	0
161	Topography	8/16/01	0	0	0
162	John TeSelle - design	6/06/02	0	0	0
163	John TeSelle	7/10/02	0	0	0
164	John TeSelle	8/15/02	0	0	0
165	John TeSelle - design, devel, constr. docs	9/17/02	0	0	0
166	John TeSelle - construction docs	10/08/02	0	0	0
167	John TeSelle - construction docs	11/04/02	0	0	0
168	John TeSelle - bidding & neg.	12/03/02	0	0	0
169	John TeSelle - constr. admin	1/09/03	0	0	0
170	John TeSelle - constr. admin	2/04/03	0	0	0
171	Terracon - concrete testing	2/24/03	0	0	0
172	John TeSelle - constr. admin	3/11/03	0	0	0
173	Terracon	3/28/03	0	0	0
174	John TeSelle- changes	3/28/03	0	0	0
175	Cooper Love & Jackson- builders ins	4/04/03	0	0	0
176	John TeSelle - constr. admin	5/07/03	0	0	0
177	Conseco Group	1/07/03	0	0	0
178	Conseco Group	1/28/03	0	0	0
179	Metro/American Eagle Ready Mix	2/06/03	0	0	0
180	Alley-Cassetty Brick	2/06/03	0	0	0
181	Girtman Total Openings - doors & hardware	2/24/03	0	0	0
182	Metro/American Eagle Ready Mix	2/25/03	0	0	0
183	Dale Inc. - windows	3/04/03	0	0	0
184	Conseco Group	3/05/03	0	0	0
185	Porter Paints	3/12/03	0	0	0
186	Conseco Group	4/01/03	0	0	0
187	Consolidated Electrical	4/03/03	0	0	0
188	Alley-Cassetty Brick	4/03/03	0	0	0
189	Rinker Materials	4/10/03	0	0	0
190	Electricity reimbursed	4/01/03	0	0	0
191	Consolidated Electrical	4/16/03	0	0	0
192	Consolidated Electrical	4/22/03	0	0	0
193	Alley-Cassetty Brick	5/01/03	0	0	0
194	Rinker Materials	5/01/03	0	0	0
195	Conseco Group	5/08/03	0	0	0
196	Consolidated Electrical	5/07/03	0	0	0
197	Rinker Materials	5/07/03	0	0	0
198	Consolidated Electrical	5/07/03	0	0	0
199	Porter Paints	5/13/03	0	0	0
200	Metro/American Eagle Ready Mix	5/22/03	0	0	0
201	New air exchange	9/16/03	0	0	0
202	Water heater unit	3/03/04	0	0	0
203	Laminator	4/05/04	0	0	0
204	John TeSelle	6/02/03	0	0	0
205	John TeSelle	6/30/03	0	0	0
206	John TeSelle	7/30/03	0	0	0
207	10 tables, 5 shelves	9/11/03	0	0	0
208	chairs for A	9/15/03	0	0	0
209	2 30x60 tables	10/01/03	0	0	0
210	Table	10/10/03	0	0	0
211	5 bookcases	12/09/03	0	0	0

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Future Depreciation Report**FYE: 5/31/13**

FYE: 5/31/2012

Miscellaneous

Asset	Description	Date In Service	Cost	Tax	AMT
212	Building costs	6/15/03	0	0	0
213	Building costs	7/15/03	0	0	0
215	Building costs	8/15/03	0	0	0
216	Building costs	9/15/03	0	0	0
217	Building	11/26/03	0	0	0
218	Building	12/15/03	0	0	0
219	Building	3/01/04	0	0	0
220	New building	8/01/03	0	0	0
221	New Building	8/01/03	0	0	0
222	Large blocks	10/21/05	0	0	0
223	Software	11/01/05	0	0	0
224	Printer	5/31/07	0	0	0
225	Wooden maps for classroom	5/31/07	0	0	0
226	Wooden Classroom Chairs	5/31/07	0	0	0
227	Wooden Classroom Chairs	6/01/07	0	0	0
228	Dell Computer	6/01/07	0	0	0
229	Dell Computer - Anne's Office	4/04/08	0	0	0
230	Dell Laptop Computer	4/08/08	0	0	0
231	Carpet - Multipurpose Room	5/31/08	0	0	0
232	John TeSelle - playground design	6/02/08	0	0	0
233	John TeSelle - playground design	12/04/08	0	0	0
234	Wheeler Surveying - fence	12/19/08	0	0	0
235	Rio Grande Fence Co	3/04/09	0	0	0
236	Dishwasher	2/26/09	0	0	0
237	Refrigerator	3/10/09	0	0	0
238	5 desktop computers	4/03/09	0	0	0
239	4 Angeles tricycles	4/15/09	0	0	0
240	Copier	11/11/09	0	0	0
241	Rock Blocks Climber	6/30/09	0	0	0
242	Patio Umbrella	8/13/09	0	0	0
243	Playground	3/31/10	0	0	0
244	Playground	3/31/10	0	0	0
245	Plumbing for Bathroom and Dishwasher	8/19/11	3,357	224	0
246	3 dishwashers	7/29/11	2,371	474	0
Total Other Depreciation			<u>5,728</u>	<u>698</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>5,728</u>	<u>698</u>	<u>0</u>
Grand Totals			<u>5,728</u>	<u>698</u>	<u>0</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST/DIVIDEND-INVESTMENTS	\$ 1,979		14			
TOTAL	<u>\$ 1,979</u>					

Federal Statements

1/3/2013 10:22 AM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 3,594	\$ 3,594	\$	\$
TOTAL	\$ 3,594	\$ 3,594	\$ 0	\$ 0