

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

**2008**Open to Public  
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>UNIVERSITY SCHOOL OF NASHVILLE</b>		<b>D</b> Employer identification number <b>23-7424429</b>
		Doing Business As		<b>E</b> Telephone number <b>615-321-8000</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2000 EDGEHILL AVENUE</b>		<b>G</b> Gross receipts \$ <b>20,929,785.</b>
		City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37212-2198</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>VINCENT DURNAN, JR.</b> <b>SAME AS C ABOVE</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.USN.ORG</b>				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>TN</b>				

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNIVERSITY SCHOOL OF NASHVILLE MODELS THE BEST EDUCATIONAL PRACTICES. IN AN ENVIRONMENT THAT</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>358</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1000</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,457,633.</b>	<b>1,163,949.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>15,963,130.</b>	<b>17,135,699.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>91,673.</b>	<b>-707,171.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>189,621.</b>	<b>144,821.</b>	
		<b>17,702,057.</b>	<b>17,737,298.</b>	
			<b>1,708,771.</b>	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>11,058,416.</b>	<b>12,126,076.</b>
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,582.</b>	
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>619,769.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>7,010,992.</b>	<b>5,076,010.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>18,077,990.</b>	<b>18,910,857.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>-375,933.</b>	<b>-1,173,559.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>35,245,545.</b>	<b>32,600,511.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,812,111.</b>	<b>5,063,854.</b>	
		<b>29,433,434.</b>	<b>27,536,657.</b>	

**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		Date
	<b>VINCENT DURNAN, JR., DIRECTOR</b>		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KRAFTOPAS PLLC</b> <b>555 GREAT CIRCLE ROAD</b> <b>NASHVILLE, TN 37228</b>	<b>04/28/10</b>	Preparer's identifying number (see instructions)
		EIN ▶	Phone no. ▶ <b>(615) 242-7351</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments** (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
UNIVERSITY SCHOOL OF NASHVILLE MODELS THE BEST EDUCATIONAL PRACTICES.  
IN AN ENVIRONMENT THAT REPRESENTS THE CULTURAL AND ETHNIC COMPOSITION  
OF GREATER NASHVILLE, USN FOSTERS EACH STUDENT'S INTELLECTUAL,  
ARTISTIC AND ATHLETIC POTENTIAL, VALUING AND INSPIRING INTEGRITY,
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 16,368,057. including grants of \$ ) (Revenue \$ 16,548,010. )  
OPERATION OF UNIVERSITY SCHOOL OF NASHVILLE SERVING AN ESTIMATED 1,017  
STUDENTS

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 **\$ 16,368,057.** (Must equal Part IX, Line 25, column (B).)

**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? .....	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....		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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V .....	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .....	X	
13 Is the organization a school as 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 U.S.? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I .....		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, Part II .....		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, Part III .....		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I .....		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J .....	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 questions 24b-24d and complete Schedule K. If "No," go to question 25 .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
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? .....		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....		X

Form 990 (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	55
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	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	358
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body .....	1a	27
<b>b</b> Enter the number of voting members that are independent .....	1b	27
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....	5	X
<b>6</b> Does the organization have members or stockholders? .....	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates? .....	9a	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	9b	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	10	X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	11	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	12c	X
<b>13</b> Does the organization have a written whistleblower policy? .....	13	X
<b>14</b> Does the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official? .....	15a	X
<b>b</b> Other officers or key employees of the organization? .....	15b	X
Describe the process in Schedule O. (see instructions)		
<b>16a</b> 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>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NORMA MILLER - 615-321-8004**  
**2000 EDGEHILL AVENUE, NASHVILLE, TN 37212-2198**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BERT MATHEWS BOARD PRESIDENT	1.50	X		X				0.	0.	0.
GAIL WILLIAMS BOARD VICE-PRESIDENT	1.50	X		X				0.	0.	0.
LAURA LEE DOBIE BOARD SECRETARY	1.50	X		X				0.	0.	0.
DAVID STEINE BOARD TREASURER	1.50	X		X				0.	0.	0.
GRACE H AWH TRUSTEE	1.50	X						0.	0.	0.
SUSAN BERCK TRUSTEE	1.50	X						0.	0.	0.
ANN CARGILE TRUSTEE	1.50	X						0.	0.	0.
JAY DESHPANDE TRUSTEE	1.50	X						0.	0.	0.
ALISON DOUGLAS TRUSTEE	1.50	X						0.	0.	0.
NORMA DRAKE TRUSTEE	1.50	X						0.	0.	0.
DAVID FOX TRUSTEE	1.50	X						0.	0.	0.
FRANK GARRISON TRUSTEE	1.50	X						0.	0.	0.
JULIE GORDON TRUSTEE	1.50	X						0.	0.	0.
JOHN HASSENFELD TRUSTEE	1.50	X						0.	0.	0.
TERI KASSELBERG TRUSTEE	1.50	X						0.	0.	0.
FLORENCE KIDD TRUSTEE	1.50	X						0.	0.	0.
DAVID KLOEPPPEL TRUSTEE	1.50	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	(C) Position (check all that apply)						(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			
IRWIN J. KUHN TRUSTEE	1.50	X						0.	0.	0.
KELLY A. LINTON TRUSTEE	1.50	X						0.	0.	0.
RICHARD C. MCCARTY TRUSTEE	1.50	X						0.	0.	0.
TOM ORECK TRUSTEE	1.50	X						0.	0.	0.
DAVID OWENS TRUSTEE	1.50	X						0.	0.	0.
LIBBY PAGE TRUSTEE	1.50	X						0.	0.	0.
IRWIN VENICK TRUSTEE	1.50	X						0.	0.	0.
BOB WATERMAN TRUSTEE	1.50	X						0.	0.	0.
KATHY WOODS TRUSTEE	1.50	X						0.	0.	0.
ELLEN WRIGHT TRUSTEE	1.50	X						0.	0.	0.
<b>1b Total</b>								685,641.	0.	108,094.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
SAGE DINING SERVICES INC, 222 BOSELEY AVE, SUITE B-7, TOWNSOM, MD 21204	CAFETERIA MANAGER	353,935.
CROSSGATE SERVICES, 1730 GENERAL GEORGE PATTON DRIVE, BRENTWOOD, TN 37027	JANITORIAL SERVICES	220,751.
LANDSCAPE SERVICES, INC. 204 RIVER HILLS DRIVE, NASHVILLE, TN 37210	GROUNDKEEPING AND LANDSCAPING	115,412.
JEWELL MECHANICAL 1000 4TH AVE. S., NASHVILLE, TN 37210	HVAC SERVICES	109,359.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **4**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)



**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	34,200.				
	<b>c</b> Fundraising events .....	<b>1c</b>	18,993.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1110756.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ .....		23,144.				
	<b>h Total.</b> Add lines 1a-1f .....			1,163,949.			
<b>Program Service Revenue</b>	<b>2 a</b> STUDENT TUITION & FEES	Business Code	611710	16259924.	16259924.		
	<b>b</b> AFTER SCHOOL PROGRAM		611710	404,757.	404,757.		
	<b>c</b> CAFETERIA INCOME		611710	311,622.	311,622.		
	<b>d</b> SUMMER PROGRAM		611710	89,227.	89,227.		
	<b>e</b> ACTIVITY INCOME		611710	70,169.	70,169.		
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			17135699.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			41,005.	41,005.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>Other Revenue</b>	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....			-748,176.	-748,176.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 18,993. of contributions reported on line 1c). See Part IV, line 18 .....			322,336.			
	<b>b</b> Less: direct expenses .....			229,820.			
	<b>c</b> Net income or (loss) from fundraising events .....			92,516.	92,516.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....			334,962.			
	<b>b</b> Less: cost of goods sold .....			309,623.			
	<b>c</b> Net income or (loss) from sales of inventory .....			25,339.			25,339.
	<b>Miscellaneous Revenue</b>			Business Code			
<b>11 a</b> LIBRARY & BUSINESS OFF		611710	16,636.	16,636.			
<b>b</b> OTHER INCOME		611710	5,000.	5,000.			
<b>c</b> MISC. INCOME USNA		611710	4,831.	4,831.			
<b>d</b> All other revenue .....		611710	499.	499.			
<b>e Total.</b> Add lines 11a-11d .....			26,966.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			17737298.	16548010.	0.	25,339.	

**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).

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 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,708,771.	1,708,771.		
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 .....	338,268.		338,268.	
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 .....	9,733,136.	8,459,538.	877,899.	395,699.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	391,636.	341,982.	38,000.	11,654.
9 Other employee benefits .....	916,027.	699,913.	165,994.	50,120.
10 Payroll taxes .....	747,009.	652,599.	67,620.	26,790.
11 Fees for services (non-employees):				
a Management .....	193,264.	193,264.		
b Legal .....				
c Accounting .....	33,105.		33,105.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	224,543.	194,579.	26,764.	3,200.
12 Advertising and promotion .....	10,046.	2,384.	7,662.	
13 Office expenses .....	1,060,266.	935,657.	64,505.	60,104.
14 Information technology .....	99,449.	83,829.	11,745.	3,875.
15 Royalties .....				
16 Occupancy .....	1,282,845.	1,237,533.	45,312.	
17 Travel .....	124,954.	117,657.	5,522.	1,775.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	91,239.	78,538.	7,388.	5,313.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,386,227.	1,386,227.		
23 Insurance .....	96,322.		96,322.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SPECIAL EVENTS/ENTERTAINMENT	174,371.	116,082.	29,315.	28,974.
b OPERATING EXPENSES	100,687.	56,033.	42,791.	1,863.
c STUDENT ACTIVITIES TRIP	84,694.	84,694.	0.	0.
d DISCRETIONARY	83,596.	18,777.	64,819.	0.
e USNA ACTIVITIES	30,402.	0.	0.	30,402.
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f	18,910,857.	16,368,057.	1,923,031.	619,769.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1	
	2 Savings and temporary cash investments .....	2,809,838.	2 1,953,794.
	3 Pledges and grants receivable, net .....	3	
	4 Accounts receivable, net .....	206,194.	4 223,616.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....	6	
	7 Notes and loans receivable, net .....	7	
	8 Inventories for sale or use .....	112,825.	8 110,385.
	9 Prepaid expenses and deferred charges .....	8,119.	9 12,055.
	10a Land, buildings, and equipment: cost basis ... 10a 33,638,742.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 12,911,531.		
		21,279,048.	10c 20,727,211.
	11 Investments - publicly traded securities .....	11	
	12 Investments - other securities. See Part IV, line 11 .....	10,505,142.	12 9,278,751.
	13 Investments - program-related. See Part IV, line 11 .....	13	
	14 Intangible assets .....	14	
15 Other assets. See Part IV, line 11 .....	324,379.	15 294,699.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	35,245,545.	16 32,600,511.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,736,532.	17 1,209,124.
	18 Grants payable .....	18	
	19 Deferred revenue .....	452,921.	19 456,967.
	20 Tax-exempt bond liabilities .....	20	
	21 Escrow 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 .....	3,450,000.	23 3,110,000.
	24 Unsecured notes and loans payable .....	24	
	25 Other liabilities. Complete Part X of Schedule D .....	172,658.	25 287,763.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	5,812,111.	26 5,063,854.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets .....	21,549,694.	27 20,721,533.
	28 Temporarily restricted net assets .....	1,271,295.	28 117,305.
	29 Permanently restricted net assets .....	6,612,445.	29 6,697,819.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds .....	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....	31	
	32 Retained earnings, endowment, accumulated income, or other funds .....	32	
	33 <b>Total net assets or fund balances</b> .....	29,433,434.	33 27,536,657.
	34 <b>Total liabilities and net assets/fund balances</b> .....	35,245,545.	34 32,600,511.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to lines 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? .....	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? .....	3b	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number

23-7424429

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?
- |  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add lines 1 - 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 <b>Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	%
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>		%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number

23-7424429

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANGELA MURPHY AND JOHN SPENCE 4712 CLENDENIN NASHVILLE, TN 37220	\$ 17,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ANNIE ROBOFF P. O. BOX 121431 NASHVILLE, TN 37212	\$ 20,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BARNEY AND ELENA BYRD 391 KINNIE ROAD FRANKLIN, TN 37064	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BARRY AND LESLIE STILLMAN 6212 JOCELYN HOLLOW ROAD NASHVILLE, TN 37205	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CARL AND GRACE AWH 250 ENSWORTH PLACE NASHVILLE, TN 37205	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CARTINHOOR-WOODS FOUNDATION 2322 HAVEN CREST DRIVE CHATTANOOGA, TN 37421	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CLARK AND ELEANOR AKERS 311 SUNNYSIDE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITY FOUNDATION OF MIDDLE TENN 3833 CLEGHORN AVENUE, STE. 400 NASHVILLE, TN 37215	\$ 16,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DANIEL AND STEPHANIE CONNER 1770 HILLMONT DRIVE NASHVILLE, TN 37215	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DAVID AND PATTI STEINE 234 LAUDERDALE ROAD NASHVILLE, TN 37205	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DAVID AND SUSAN BERCK 6405 EAST VALLEY COURT NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DAVID REILAND AND DIANE HONDA 1293 BRIDGETON PARK DRIVE BRENTWOOD, TN 37027	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DOOCHIN FAMILY CHARITABLE FOUNDATION (TERI KASSELBERG) P. O. BOX 789 WHITE BLUFF, TN 37187	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	EDDIE AND ARNETTE HAMILTON 4822 POST ROAD NASHVILLE, TN 37205	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	ELECTRONIC EXPRESS 2627 GRANDVIEW AVENUE NASHVILLE, TN 37211	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	FRANK AND AMY GARRISON 802 GLEN LEVEN DRIVE NASHVILLE, TN 37204	\$ 16,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	GENTRY AND RACHAEL BARDEN 4520 BEACON DRIVE NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	JAMES AND LISA USDAN 23 NORTHUMBERLAND NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	JAMES AND ROYCE FISHEL 6420 EAST VALLEY COURT NASHVILLE, TN 37205	\$ 5,509.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	JOHN AND ELIZABETH INTERLANDI 3614 WHITLAND DRIVE NASHVILLE, TN 37205	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	JOHN AND ELLEN CLAYTON 504 FAIRFAX AVENUE NASHVILLE, TN 37212	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	JOHN AND MARJORIE COMPTON 3708 WHITLAND AVENUE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	LEAH ROSE WERTHAN CHARITABLE UNITRUST C/O SUNTRUST BANK, 201 4TH AVE. N. NASHVILLE, TN 37219	\$ 9,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	LEIGH WALTON BASS, BERRY & SIMS, 315 DEADERICK STE. 2700 NASHVILLE, TN 37238	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	M. STRATTON FOSTER FOUNDATION 401 BOWLING AVENUE, #82 NASHVILLE, TN 37205	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MACRAE AND KELLY LINTON 231 DEER PARK DRIVE NASHVILLE, TN 37205	\$ 6,378.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	PETER JELSMA AND JULIE PENAY 1059 DEEP WOODS TRAIL BRENTWOOD, TN 37027	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	RICHARD BERKMAN & STACEY GOODMAN 5017 HILL PLACE DRIVE NASHVILLE, TN 37205	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	ROBERT AND SUSAN SPIETH 515 BEL AIR PLACE BRENTWOOD, TN 37027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	ROBERT LEVY & JEANMARIE STALMAN 3510 HAMPTON AVENUE NASHVILLE, TN 37215	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	SCOTT AND ALDEN NIEBOER 217 LYNWOOD AVENUE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	SCOTT AND CARY RAYSON 2227 BELMONT BLVD. NASHVILLE, TN 37212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	STEPHAN HECKERS & CHRISTINE KONRADI 5895 FREDRICKSBURG DRIVE NASHVILLE, TN 37215	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	THE RICH FOUNDATION 95 WHITE BRIDGE RD., # 404 NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	THE STEVE & LAURIE ESKIND FAMILY FDN 2322 GOLF CLUB LANE NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	TOM AND TONI ORECK 874 S. CURTISWOOD LANE NASHVILLE, TN 37204	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	WILLIAM P. AND LILLIAS JOHNSTON 710 JACKSON BOULEVARD NASHVILLE, TN 37205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	WILLY AND ANN STERN 1217 VINTAGE PLACE NASHVILLE, TN 37215	\$ 5,121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	RONALD AND MARY ANN ARILDSSEN 1206 JEFFERSON DAVIS DRIVE BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	GEORGE AND SHANNON ALLEN 4405 WARNER PLACE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	BOULT FAMILY FOUNDATION 424 CHURCH STREET, #2800 NASHVILLE, TN 37219	\$ 5,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	HCA FOUNDATION ONE PARK PLACE NASHVILLE, TN 37203	\$ 9,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	FLORA FAMILY FOUNDATION 2121 SAND HILL ROAD, SUITE 123 MENLO PARK, CA 94025	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	TERI KASSELBERG 5312 CHERRY BLOSSOM NASHVILLE, TN 37215	\$ 37,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	QUAKER HILL FOUNDATION PHEBE RICHARDS, TRUSTEE, P.O. BOX 111 NORTH ANDOVER, MA 01845	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MICHAEL SHMERLING 2049 FRANSWORTH DRIVE NASHVILLE, TN 37205	\$ 5,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	WILLIAM AND FLORA HEWLETT FOUNDATION SUSAN KETCHAM, TREASURER, 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	ROBERT AND LESLIE WATERMAN 161 CHICKERING MEADOWS NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	DAVID AND GAIL WILLIAMS 700 MILLSTONE LANE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	BLAIR J. WILSON 4343 GLEN EDEN NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	SUSAN M. YEAGLEY 125 EIGHT STREET MANHATTAN BEACH, CA 93010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	MICHAEL W. DEVLIN ONE BURTON HILLS BLVD., STE. 180 NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	STEPHEN AND DEBORAH HAYS 1309 FALKIRK COURT NASHVILLE, TN 37221	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	STEVE AND HOLLY ROCHE 504 PARK CENTER DRIVE NASHVILLE, TN 37205	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

UNIVERSITY SCHOOL OF NASHVILLE

23-7424429

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	STOCK	\$ 5,509.	11/27/08
26	STOCK	\$ 6,378.	12/21/08
38	STOCK	\$ 5,121.	12/21/08
		\$	
		\$	
		\$	

Schedule D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number

23-7424429

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable  
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, violations, and  
enforcement of the conservation easements it holds? .....

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? .....

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, not to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of  
the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures,  
or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to  
these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(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 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 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 Trust, Escrow and Custodial Arrangements.** Complete if 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 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	8,622,514.				
b Contributions	85,374.				
c Investment earnings or losses	-1180408.				
d Grants or scholarships					
e Other expenditures for facilities and programs	353,057.				
f Administrative expenses					
g End of year balance	7,174,423.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 5.00 %  
 b Permanent endowment ☒ 93.40 %  
 c Term endowment ☒ 1.60 %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,814,767.		2,814,767.
b Buildings		26,576,736.	9,691,784.	16,884,952.
c Leasehold improvements				
d Equipment		4,247,239.	3,219,747.	1,027,492.
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,727,211.

Schedule D (Form 990) 2008

**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
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>INVESTMENTS</b>	<b>9,278,751.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	<b>9,278,751.</b>	

**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
<b>Total.</b> (Col (b) should 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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>ENROLLMENT DEPOSITS</b>	<b>92,230.</b>
<b>OBLIGATION UNDER INTEREST RATE SWAP</b>	<b>195,533.</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	<b>287,763.</b>

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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,737,298.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,910,857.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,173,559.
4	Net unrealized gains (losses) on investments	4	-626,800.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-96,418.
9	Total adjustments (net). Add lines 4-8	9	-723,218.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,896,777.

**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	15,844,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-626,800.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	443,025.
e	Add lines 2a through 2d	2e	-183,775.
3	Subtract line 2e from line 1	3	16,028,527.
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	1,708,771.
c	Add lines 4a and 4b	4c	1,708,771.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	17,737,298.

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

1	Total expenses and losses per audited financial statements	1	17,741,529.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	539,443.
e	Add lines 2a through 2d	2e	539,443.
3	Subtract line 2e from line 1	3	17,202,086.
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	1,708,771.
c	Add lines 4a and 4b	4c	1,708,771.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	18,910,857.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE SCHOOL'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED**

**AND BOARD DESIGNATED QUASI-ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF**

**PURPOSES. THE PERMANENTLY RESTRICTED ENDOWMENT REPRESENTS PERPETUAL FUNDS**

**IN WHICH THE ANNUAL INCOME IS TO BE USED FOR THE APPROPRIATE PURPOSE AS**

**SPECIFIED BY THE DONOR. THE QUASI-ENDOWMENT CONSISTS OF FUNDS THAT WERE**

**TRANSFERRED TO THE ENDOWMENT BY THE EXECUTIVE COMMITTEE AND BOARD OF**

**DIRECTORS. THE BOARD ANTICIPATES THESE FUNDS WILL REMAIN IN THE ENDOWMENT**

**IN PERPETUITY, BUT MAY WITHDRAW THEM FOR OTHER USES. FOR INVESTMENT**

**Part XIV** Supplemental Information (continued)

PURPOSES, ALL ENDOWMENT FUNDS ARE CONSIDERED PERMANENT OR PERPETUAL IN  
NATURE.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS ON HEDGING ACTIVITY: -96418.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE: 229820.

BOOKSTORE COST OF GOODS SOLD: 309623.

LOSS ON HEDGING ACTIVITY: -96418.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID, SCHOLARSHIPS, AND TUITION REIMBURSEMENT: 1708771.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE: 229820.

BOOKSTORE COST OF GOODS SOLD: 309623.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID, SCHOLARSHIPS, AND TUITION REIMBURSEMENT: 1708771.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

► To be completed by organizations that  
answer "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

**2008**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number

23-7424429

- 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? .....
- 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? .....
- 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 .....
- THE SCHOOL'S NONDISCRIMINATORY POLICY IS PRINTED IN BROCHURES,  
VIEWBOOKS, OPEN HOUSE ADS AND ALL OTHER PRINTED MATERIAL  
AVAILABLE FOR THE PUBLIC.
- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- 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, attach a separate statement.)
- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges? .....
- b Admissions policies? .....
- c Employment of faculty or administrative staff? .....
- d Scholarships or other financial assistance? .....
- e Educational policies? .....
- f Use of facilities? .....
- g Athletic programs? .....
- h Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
- 6a Does the organization receive any financial aid or assistance from a governmental agency? .....
- b Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.
- 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," attach an explanation .....

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2008

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

# 2008

**Open To Public Inspection**

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number  
23-7424429

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2 a** 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. Form 990-EZ filers are not required to complete this table.

[illegible]

**Total** .....

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

**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008



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

	(a) Event #1 ARTCLECTIC (event type)	(b) Event #2 EVENING CLASSES (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....	199,446.	67,429.	74,454.	341,329.
2 Less: Charitable contributions .....	10,143.		8,850.	18,993.
3 Gross revenue (line 1 minus line 2) .....	189,303.	67,429.	65,604.	322,336.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Non-cash prizes .....				
6 Rent/facility costs .....	4,451.			4,451.
7 Other direct expenses .....	171,002.	35,338.	19,029.	225,369.
8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( 229,820. )
9 Net income summary. Combine lines 3 and 8 in column (d) .....				92,516.

**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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Non-cash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

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? .....

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... **13a** %
- b** An outside facility ..... **13b** %

**14** Provide 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? ..... **15a**

- 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:

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? ..... **17a**

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

Schedule G (Form 990 or 990-EZ) 2008

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

**Employer identification number**  
**23-742429**

## UNIVERSITY SCHOOL OF NASHVILLE

- ☒ Yes ☐ No

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

recipent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

2	Enter total number of section 501(c)(3) and government organizations	▲

- 3 Enter total number of other organizations

Schedule I (Form 990) 2008

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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
FINANCIAL AID	169	0.	1,708,773.	OTHER	CREDIT TO RECIPIENTS TUITION BILL

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

SCHEDULE I, PART I, LINE 2: FINANCIAL AID IS AWARDED BASED UPON FINANCIAL NEED OF THE RECIPIENT'S FAMILY. FINANCIAL INFORMATION AND SUGGESTED FINANCIAL NEED OF THE RECIPIENT'S PARENT(S) OR GUARDIAN(S) IS PROVIDED TO THE SCHOOL BY AN INDEPENDENT THIRD PARTY.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► **Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number

23-7424429

**Part I Questions Regarding Compensation**

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

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

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2008



Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public Inspection**

Name of the Organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer Identification number  
23-7424429

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number  
23-7424429

**Part I Bond Issues (Required for 2008)**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT A BOARD OF THE METROPOLITAN	52-17897645	92106AB4	08/19/02	8,000,000	SEE SCH O FOR DESCRIPTION		X		X
B									
C									
D									
E									

**Part II Proceeds (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

**Part III Private Business Use (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

832121  
12-19-08 LHA

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

Schedule K (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number  
23-7424429

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REPRESENTS THE CULTURAL AND ETHNIC COMPOSITION OF GREATER NASHVILLE,  
USN FOSTERS EACH STUDENT'S INTELLECTUAL, ARTISTIC AND ATHLETIC  
POTENTIAL, VALUING AND INSPIRING INTEGRITY, CREATIVE EXPRESSION, A LOVE  
OF LEARNING, AND THE PURSUIT OF EXCELLENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATIVE EXPRESSION, A LOVE OF LEARNING, AND THE PURSUIT OF EXCELLENCE.

FORM 990, PART VI, SECTION A, LINE 2: IRWIN KUHN AND IRWIN VENICK ARE  
EMPLOYED AT THE SAME LAW FIRM. JAY DESHPANDE, RICHARD C. MCCARTY, DAVID  
OWENS, AND GAIL WILLIAMS ARE EMPLOYED BY THE SAME UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF FORM 990 IS REVIEWED  
FIRST BY MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES. AFTER  
THE FINANCE COMMITTEE REVIEWS AND MAKES ANY CHANGES NECESSARY, A REVISED  
DRAFT IS SENT TO EACH VOTING MEMBER OF THE BOARD OF TRUSTEES. ANY BOARD  
MEMBER COULD RECOMMEND CHANGES. THE BOARD OF TRUSTEES APPROVES THE FINAL  
DRAFT OF FORM 990 AT A REGULAR BOARD MEETING. THE FINAL COPY IS THEN  
SIGNED BY THE DIRECTOR OF THE SCHOOL AND PAID PREPARER AND ELECTRONICALLY  
FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE SCHOOL'S BOARD,  
ADMINISTRATION, FACULTY, STAFF AND COMMITTEE (AN "INDIVIDUAL") MUST AVOID  
INCURRING ANY KIND OF UNDISCLOSED FINANCIAL OR PERSONAL OBLIGATION THAT  
MIGHT REASONABLY BE EXPECTED TO AFFECT THE INDIVIDUAL'S JUDGMENT IN DEALING

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Employer identification number  
23-7424429

UNIVERSITY SCHOOL OF NASHVILLE

WITH OTHER PARTIES ON BEHALF OF THE SCHOOL. IF THERE IS ANY APPEARANCE OF CONFLICT OF INTEREST, EVEN THOUGH THE CONFLICT MAY NOT EXIST IN ACTUALITY, THE INDIVIDUAL SHOULD DISCLOSE THE PARTICULAR SITUATION IN WRITING TO THE DIRECTOR OF THE SCHOOL. IF THE MATTER INVOLVES A MEMBER OF THE BOARD OR A MEMBER OF A BOARD COMMITTEE (A "BOARD INDIVIDUAL"), THE DIRECTOR WILL IN TURN INFORM THE EXECUTIVE COMMITTEE OF THE BOARD.

THE DIRECTOR SHALL REVIEW A COPY OF THIS POLICY ANNUALLY AND MAKE ANY RELEVANT DISCLOSURES AT THAT TIME OR AT THE TIME ANY POTENTIAL CONFLICT ARISES IN THE FUTURE. A SIGNED DISCLOSURE IS GIVEN TO THE DIRECTOR AND FOR A BOARD "INDIVIDUAL" THIS DISCLOSURE IS RETAINED ON FILE WITH OTHER BOARD MATERIALS IN THE DIRECTOR'S OFFICE. EACH EMPLOYEE SHALL ALSO ANNUALLY REVIEW THIS POLICY AND MAKE ANY RELEVANT DISCLOSURES AT THAT TIME OR AT THE TIME ANY POTENTIAL CONFLICT ARISES IN THE FUTURE. THESE DISCLOSURE DOCUMENTS ARE GIVEN TO THE DIRECTOR AND RETAINED ON FILE IN THE DIRECTOR'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 15: THE KEY EMPLOYEE (DIRECTOR) DRAFTS AN ANNUAL LETTER OF AGREEMENT (MEMORANDUM OF UNDERSTANDING) IN THE EARLY FALL OF THE CURRENT ACADEMIC YEAR AS WELL AS FISCAL YEAR OUTLINING HIS GOALS AND OBJECTIVES FOR THAT YEAR. THIS AGREEMENT IS SIGNED BY THE KEY EMPLOYEE AND THE PRESIDENT OF THE BOARD OF TRUSTEES. BEFORE THE CLOSE OF THE CURRENT ACADEMIC AND FISCAL YEAR THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES GOES INTO CLOSED SESSION AND DISCUSSES THE PROGRESS MADE ON THE DIRECTOR'S GOALS AND OBJECTIVES AS OUTLINED IN THE EARLY FALL.

SUBSEQUENTLY, THE BOARD PRESIDENT, VICE PRESIDENT, AND PAST PRESIDENT OF

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

Employer identification number  
23-7424429

THE BOARD OF TRUSTESS MEET AND WITH THE FEEDBACK OBTAINED FROM THE EXECUTIVE COMMITTEE MEETING DRAFT THE COMPENSATION AGREEMENT FOR THE DIRECTOR FOR THE UPCOMING ACADEMIC AND FISCAL YEAR. THE PRESIDENT OF THE BOARD INFORMS THE KEY EMPLOYEE AS WELL AS THE FINANCIAL OFFICE OF THE SCHOOL OF THE AMOUNT OF COMPENSATION PACKAGE WHICH COULD INCLUDE ANNUAL COMPENSATION, BONUS AND/OR PAYMENT OF DEFERRED COMPENSATION UNDER SECTION 457 OF THE IRS CODE.

FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL'S BY-LAWS ARE INCLUDED IN EACH EMPLOYEE'S PERSONNEL MANUAL. THE CONFLICT OF INTEREST SIGNED DISCLOSURE FORMS FOR BOTH MEMBERS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES AS WELL AS EMPLOYEES ARE MAINTAINED IN THE DIRECTOR'S OFFICE. THESE ARE AVAILABLE UPON REQUEST. INTERNAL FINANCIAL STATEMENTS OF THE SCHOOL ARE REGULARLY REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AS WELL AS THE BOARD OF TRUSTEES AT ITS MEETINGS. AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AS WELL AS THE BOARD OF TRUSTEES AT ONE OF ITS REGULARLY SCHEDULED MEETINGS. THESE HAVE BEEN PRESENTED TO THE FINANCE COMMITTEE IN DRAFT FORM BY THE AUDIT FIRM CHOSEN TO CONDUCT THE ANNUAL AUDIT PRIOR TO THE FINAL PRESENTATION TO THE BOARD OF DIRECTORS AT ITS MEETING. ANY OF THE SCHOOL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

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**PART X LINES 27 & 28 COLUMN A**

**NET ASSET CLASSIFICATION**

THE BEGINNING OF YEAR CLASSIFICATION OF NET ASSETS BETWEEN UNRESTRICTED AND TEMPORARILY RESTRICTED DIFFERS FROM THE PRIOR YEAR DUE TO THE EFFECT OF ADOPTION OF FSP NO. SFAS 117-1.

**SCHEDULE K, PART 1, LINE A, COLUMN F**

NET PROCEEDS OF THE BOND ISSUE WERE LOANED TO THE SCHOOL TO REFINANCE OUTSTANDING DEBT AND TO FINANCE ACQUISITION, CONSTRUCTION, AND EQUIPPING OF IMPROVEMENTS TO THE CAMPUS.

**FORM 990, PART I, LINES 13 & 17**

**NOTE REGARDING PRESENTATION DIFFERENCES**

ON THE 2007 FORM 990, FINANCIAL AID OF \$1,549,163 WAS REPORTED ON LINE 43 OF PART II - STATEMENT OF FUNCTIONAL EXPENSES. THE CURRENT YEAR PRESENTATION INSTRUCTIONS REQUIRE IT TO BE REPORTED ON THE 2008 FORM 990 ON LINE 17, PRIOR YEAR COLUMN INSTEAD OF LINE 13, PRIOR YEAR COLUMN.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	UNIVERSITY SCHOOL OF NASHVILLE	23-7424429
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 EDGEHILL AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37212-2198	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**NORMA MILLER, CONTROLLER**

- The books are in the care of ► 2000 EDGEHILL AVENUE - NASHVILLE, TN 37212-2198  
Telephone No. ► 615-321-8004 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II</b> Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print	Name of Exempt Organization
File by the extended due date for filing the return. See instructions.	UNIVERSITY SCHOOL OF NASHVILLE
	Number, street, and room or suite no. If a P.O. box, see instructions.
	2000 EDGEHILL AVENUE
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	NASHVILLE, TN 37212-2198
	Employer identification number
	23-7424429
	For IRS use only

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
- ☐ Form 990-BL
 ☐ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 6069

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

NORMA MILLER, CONTROLLER

- The books are in the care of **2000 EDGEHILL AVENUE - NASHVILLE, TN 37212-2198**

Telephone No. **615-321-8004**FAX No. 

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

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION TO PREPARE A COMPLETE AND ACCURATE FORM 990.**

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

## Signature and Verification

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

Signature **Kevin J. Hostalen** Title **CPA, Agent**Date **2/9/10**

Form 8868 (Rev. 4-2009)