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

2009

Open to Public Inspection

Date of Parison   Date   Dat			pplicable Please	C Name of organization		ling 06-30-2010		D Employer i	identi	fication number
The state form.  Tensmooth of the state of t	┌ Add	lress ch	nange use II	RS ONIVERSITY SCHOOL	OF NASHVILLE			vor		
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Picture   ModPACILE_TR   77222199   F   Normal and address of principal officer   pr									- , -	
## F. Name and saddress of principal officer vincent Duman in 2000 BOSENILLA VENUE MASHVILLE, TR. 372122198    I Take exempt data:	_									
Variety Duran 3	J App	olication								
This - exempt status					incipal officer				urn fo	
The contempt status					9.8					
Tane-exempt status			"~	3/1VILLE, 110 3/21221	.90					
Very continuation   P Corporation   Trust   Association   Other	I Tax	x-exem	npt status	501(c) ( 3 ) ◀ (insert no ) 「	4947(a)(1) or					
1   Summary	J W	ebsit e	::► WWW USI	NORG						
## Description of Greater Mash August Park State State to be set deutational practices in an environment that represents the cultural and ethnic composition of Greater Mash August Park State					on		L Year of fo	rmation 1975	M Sta	ate of legal domicile TN
University School of Nashville models the best educational practices in an environment that represents the cultural and ethnic consistence of care Hashville, USF fosters each student's inteller, artistic and atthletic potential, valuing and inspiring integrity, creative expression, a love of learning, and the pursuit of excellence	Pai				aran ar maat aranificant a					
3   Number of voting members of the governing body (Part VI, line 1a)   3	mance		composition o	f Greater Nashville, USN	fosters each student's in	itellect, artisitic				
3   Number of voting members of the governing body (Part VI, line 1a)   3	o¥e o¥e			<b>.</b>				250/ 61		
7a   Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   7b   Net unrelated business taxable income from Form 990-T, line 34   7b   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   1,163,949   1,350,55   1,163,949   1,163,949   1,350,55   1,163				•				∠5% OFITS Ne		
7a   Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   7b   Net unrelated business taxable income from Form 990-T, line 34   7b   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   1,163,949   1,350,55   1,163,949   1,163,949   1,350,55   1,163	<u>ه</u>									
7a   Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   7b   Net unrelated business taxable income from Form 990-T, line 34   7b   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   1,163,949   1,350,55   1,163,949   1,163,949   1,350,55   1,163	Ē	5								
Note   1	្ន	6							6 _	1,000
8		7a	Total gross ur	nrelated business revenu			7a _	(		
8		ь	Net unrelated	business taxable income	from Form 990-T, line 3	4	ı		7b	(
9							Prio			
11 Other revenue (Part VIII, Column (A), lines 1 = 11, ye   114, ye   117,	<u>o</u>					<del>                                     </del>	1,350,570			
11 Other revenue (Part VIII, Column (A), lines 1 = 11, ye   114, ye   117,	ē		_		- '				_	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1—3) 1,708,771 1,786,64  14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—12,126,076 12,499,76  15 Professional fundraising fees (Part IX, column (A), line 11e) 17 Total fundraising expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a—11d, 11f—24f) 18 Revenue less expenses Subtract line 18 from line 12 19 Total expenses (Part IX, line 16) 19 Revenue less expenses Subtract line 18 from line 12 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Revenue less expenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26) 19 Revenue less expenses Revenue	죮								<del>                                     </del>	· · ·
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   1,708,771   1,786,64     14   Benefits paid to or for members (Part IX, column (A), line 4)						•		<u> </u>		
14   Benefits paid to or for members (Part IX, column (A), line 4)		4-5							+	19,586,361
Sign Here  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)								1,/08,//1		1,786,649
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	\$			ar compensation, empre,	co pomonto (r ure 12, ) com	(11),		12,126,076		12,499,763
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>ā</u>	16a	Professional	fundraising fees (Part IX	, column (A), line 11e) .					0
18	표									
19   Revenue less expenses Subtract line 18 from line 12   -1,173,559   258,92			-		·					5,041,023
Beginning of Current Year   Signature   Signature   Briting   Signature   Briting   Briting   Signature   Signat			•	·					<del>                                     </del>	19,327,435
Part II Signature Block  Under penalities 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  ******    2011-05-16     Date     Vincent Durnan Jr Director     Type or print name and title     Preparer's signature     Briana J Mullenax     Firm's name (or yours if self-employed), address, and ZIP + 4     Brentwood, TN 370241869     Brentwood, TN 370241869     Check if self-employed     Firm's name (or yours if self-employed), address, and ZIP + 4     Phone no	 केटल्ड केटल्ड	17	Nevenue less	evhenses Santiact IIU6	TO HOTH THE 12	<u> </u>		g of Current		·
Part II Signature Block  Under penalities 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  ******    2011-05-16     Date     Vincent Durnan Jr Director     Type or print name and title     Preparer's signature     Briana J Mullenax     Firm's name (or yours if self-employed), address, and ZIP + 4     Brentwood, TN 370241869     Brentwood, TN 370241869     Check if self-employed     Firm's name (or yours if self-employed), address, and ZIP + 4     Phone no	esse Baka	20	Total assets	(Part X, line 16)				32,600,511		33,304,170
Part II Signature Block  Under penalities 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  ******    2011-05-16     Date     Vincent Durnan Jr Director     Type or print name and title     Preparer's signature     Briana J Mullenax     Firm's name (or yours if self-employed), address, and ZIP + 4     Brentwood, TN 370241869     Brentwood, TN 370241869     Check if self-employed     Firm's name (or yours if self-employed), address, and ZIP + 4     Phone no	P. A.	21	Total liabiliti	es (Part X, line 26)				5,063,854		4,850,771
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.    ******   2011-05-16					t line 21 from line 20 .			27,536,657		28,453,399
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    *******   2011-05-16     *******   Signature of officer   Date    *******   Date    *******   Date    *******   Date    *******   Date    *******   Preparer's identifying number (see instructions)    *******   Signature   Briana J Mullenax   Date   Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP + 4   PO Box 1869     *******   Briana J Mullenax   Date   Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP + 4   Po Box 1869     *******   Phone no	Par	t II	_							h h - 6   1   1 - 1
Firm's name (or yours if self-employed), address, and ZIP + 4  Signature of officer  Vincent Durnan Jr Director Type or print name and title  Date  Check if self-employed   Preparer's identifying number (see instructions)  EIN   Proparer's identifying number (see instructions)  EIN   Proparer's identifying number (see instructions)  EIN   Proparer's identifying number (see instructions)										
Preparer's signature Briana J Mullenax  Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4  Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4  Brentwood, TN 370241869  Date Check if self-empolyed Firm's identifying number (see instructions)  EIN Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no First (615) 377-4600										
Preparer's signature Briana J Mullenax  Preparer's Signature Briana J Mullenax  Date Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Briana J Mullenax  EIN Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's identifying number (see instructions)  EIN Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no First (615) 377-4600										
Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4  Brana J Mullenax  Self-employed  (see instructions)  Lattimore Black Morgan & Cain PC PO Box 1869 Brentwood, TN 370241869  EIN Phone no (615) 377-4600			Type or prin	t name and title	Т	Т		T		
Use Only If self-employed), address, and ZIP + 4 PO Box 1869  Brentwood, TN 370241869  Brentwood, TN 370241869  EIN P  Phone no  (615) 377-4600	Paid					sel	f-			g number
address, and ZIP + 4 PO Box 1869 Phone no (615) 377-4600 Phone no (615) 377-4600	•				gan & Cain PC			EIN Þ	_	
Brentwood, TN 370241869	USE (	Jilly .						Dhans h	1515	277 4600
May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes No		he ID	S discuss this	•		ctions)				Yes No

### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission
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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 intellect, artisitic and athletic potential, valuing and inspiring integrity, creative expression, a love of learning, and the pursuit of excellence

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 \$ 16,601,223 mcluding grants of \$ ) (Revenue \$ 18,145,877) Operation of University School of Nashiville serving an estimated 1022 students  4b (Code ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4c Total program service expenses≯ 16,601,223	3	the prior Form 990 or 990 If "Yes," describe these n Did the organization ceas services?	O-EZ?	edule O  ke significant changes in h	the year which were not listed on	「Yes ▼ No
Operation of University School of Nashville serving an estimated 1022 students    Code	•	Section 501(c)(3) and 50	)1(c)(4) organizatio	ns and section 4947(a)(1)	trusts are required to report the a	
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	•	, , , ,		s of \$ ) (Revenue \$	18,145,877 )
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )						
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
	4d		•	•	) (Payanua t	`
	4e	· · · · · · · · · · · · · · · · · · ·			) (Revenue p	)

Part TV	Checklist	of Require	ed Sche	dules
	CHECKHIST	oi keguii	eu Stile	uuies

				No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	_
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

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

2000 EDGEHILL AVENUE NASHVILLE,TN 372122198

(615) 321-8004

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body   1a   27			
b	Enter the number of voting members that are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A , who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	431	V	
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection 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 Form 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.   Own website.			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨
	NORMA MILLER			

# 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

(A) Name and Title  A verage hours per week  A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours	Position (check all				Reportable compensation	<b>(E)</b> Reportable	Estimated amount of other		
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	(W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

For	m 990 (2009)				Page <b>8</b>		
<b>1</b> b	Total	751,676	0		71,460		
2	Total number of individuals (including but not limited to those listed above) who receive \$100,000 in reportable compensation from the organization 5	d more than	•				
				Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highes on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	t compensated employee	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other co organization and related organizations greater than \$150,000? If "Yes," complete Sched individual		4	Yes			
5	5 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						
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that rec \$100,000 of compensation from the organization	eived more than					
	(A) Name and business address	<b>(B)</b> Description of services		(C Compen			
222	Gage Dining Services INC 122 Baseley Avenue Suite B-7 Towson, MD 21204 Cafeteria Management						
1730	Crossgate Services 730 General George Patton Dr Janitorial Services rentwood, TN 37027						
1523	icollier Roofing Inc is 23 Jones Avenue ashville, TN 37207 Roofing Services				198,835		
	<u> </u>						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕒 3

Form 99								Page <b>9</b>
Part	<b>/1111</b>	Statement o	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
\$ \$2	1a	Federated cam	paigns 1a					
돌돌	ь	Membership du	es <b>1b</b>					
gğ	c	Fundraising eve	ents <b>1c</b>	25,833				
£ ã	d	Related organiz	rations 1d					
‰ <u>E</u>	e	Government grants	s (contributions) <b>1e</b>					
고 한	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,324,737		İ		i
ē ₽	g	sımılar amounts no Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	-	lines 1a-1f \$ _						
္မ	h	Total. Add lines	s 1a-1f	▶	1,350,570			
				Business Code				
nue	2a	Student Tuition & F	ees	611,710	17,049,641	17,049,641		
æ	ь	After School Progra	am	611,710	390,331	390,331		
Program Serwce Revenue	С	Cafeteria Income		611,710	298,281	298,281		
že.	d	Summer Program		611,710	111,341	111,341		
Ē	е	Activity Income		611,710	38,738	38,738		
<u>z</u>	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		17,888,332			
	3	Investment inc	ome (including dividend	ds, interest				
		and other simila	aramounts)	▶	256,070	256,070		
	4		stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties						
	6a	Gross Rents	(ı) Real 2,645	(11) Personal 4,893				
	Ь	Less rental	,	,				
	<sub>c</sub>	expenses Rental income	2,645	4,893				
		or (loss)			7,538			7,538
	d	Net rental incol	me or (loss)  (ı) Securities	(II) O ther	7,550			7,330
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
	b	Less cost or other basis and		20,513				
	<sub>c</sub>	sales expenses Gaın or (loss)		-20,513				
	d	Net gaın or (los	s)		-20,513			-20,513
nue	8a	Gross income f events (not inc \$25						
Other Revenue			reported on line 1c) ne 18 a	358,411				
₽	Ь		penses b	263,442				
0	C O=		(loss) from fundraising (	events 📴	94,969			94,969
	9a	See Part IV, lin	rom gaming activities le 19 a					
	b c	Net income or (	penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	• *	319,564				
	ь	Less cost of g	oods sold <b>b</b>	311,644				
	С		(loss) from sales of inve		7,920			7,920
	11-	Miscellaneous		Business Code 611,710	1,475	1,475		
	11a	Business Office	<u> </u>	011,710	1,473	1,4/3		<u> </u>
	Ь							
	c d	All other reven	lle -					<del>                                     </del>
	u   e	Total. Add lines						
	12		See Instructions	· · · · <b>►</b>	1,475	40.44		25.51
					19,586,361	18,145,877	(	89,914

## 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).											
			(B)	(C)	(D)							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	1,786,649	1,786,649									
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	307,126		307,126								
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	10,101,909	8,783,472	889,591	428,846							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	408,188	355,814	36,715	15,659							
9	Other employee benefits	824,938	460,767	314,248	49,923							
10	Payroll taxes	857,602	741,182	83,085	33,335							
11	Fees for services (non-employees)											
а	Management	192,492	192,492									
ь	Legal	·	·		-							
c	Accounting	33,686		33,686								
d	Lobbying			,								
e	Professional fundraising See Part IV, line 17											
f	Investment management fees											
g	Other	242,061	181,910	56,811	3,340							
12	Advertising and promotion	10,110	2,722	7,388	3,310							
13	Office expenses	1,103,612	962,865	64,207	76,540							
14	Information technology	154,207	140,808	9,535	3,864							
15	Royalties	154,207	140,000	9,333	3,004							
16	Occupancy	1,259,234	1,212,351	46,883								
17	Travel	99,756	88,525	2,315	8,916							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	99,730	80,323	2,313	8,910							
19	Conferences, conventions, and meetings	87,565	69,872	12,766	4,927							
20	Interest	2.,233	22,2.2	32,: 33	.,							
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	1,363,998	1,363,998									
23	Insurance	127,719		127,719								
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 )	121,713		127,119								
а	Special Events/Entertai	152,630	94,818	21,871	35,941							
ь	Operating Expenses	98,737	61,168	33,876	3,693							
c	Student Activities	84,905	84,905									
d	Discretionary	30,311	16,905	13,406								
e	·	1.,		,								
f												
25	Total functional expenses. Add lines 1 through 24f	19,327,435	16,601,223	2,061,228	664,984							
26	Joint costs. Check here F   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	17,327,433	10,001,223	2,001,220	004,704							

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1.953.794 2 2.523.959 2 3 3 4 223.616 4 195.658 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net . . . . . 7 110.385 118,305 Inventories for sale or use . . . . . . 12,055 1,737 9 Prepaid expenses and deferred charges . . . . . . . . . . . . Land, buildings, and equipment cost or other basis Complete 34.049.554 10a 10a Part VI of Schedule D 10b 14.158.070 19.891.484 b Less accumulated depreciation . . . . 20,727,211 10c 11 11 9,278,751 12 10,261,920 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 294.699 311.107 15 15 16 32,600,511 16 33,304,170 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1.262.808 1.209.124 17 17 Accounts payable and accrued expenses 18 18 456,967 19 517,456 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3,110,000 2,760,000 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 287,763 310.507 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . . 5,063,854 4,850,771 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 20.721.533 21,187,924 27 27 Unrestricted net assets . . . . 28 117,305 28 390.578 Temporarily restricted net assets . . . . . Fund 6.697.819 6.874.897 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 27,536,657 33 Total net assets or fund balances . . . . 33 28,453,399 34 Total liabilities and net assets/fund balances . . . . . 32,600,511 34 33,304,170

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

## OMB No 1545-0047

Inspection

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

Department of the Treasury

Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization UNIVERSITY SCHOOL OF NASHVILLE

23-7424429 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	of (ii) (described on ted EIN lines 1-9 above		(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 organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third, fourth, or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493136023651

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

	me of the organization VERSITY SCHOOL OF NASHVILLE		Emp	loyer identification number
ONI	VERSITY SCHOOL OF WASHVILLE		23-7	7424429
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts. Complete if the
		(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	_	or advı	sed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	
Pai	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	ertified	ically importantly land area d historic structure onservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) a	equired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ie organization during
	the taxable year 🛌			
ı	Number of states where property subject to conserva	ation easement is located .		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— lling of	violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents du	uring the year ►
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ▶ \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tıon	□ Yes □ No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial nents	staten	nents that describes
ar	<b>Complete of the organization answered</b> '		or Oth	her Similar Assets.
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	h ın fui	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in		· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	r finan	cial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	<b>TITL</b> Organizations Maintaining Co	ollections of Art	<u>, His</u>	torical Tre	eası	ures, or C	the	<u>r Similar As</u>	sets	(con	tinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat a	re a signific	ant u	se of its collec	tıon		
а	Public exhibition		d	┌ Loan o	rexc	hange prog	rams				
b	Scholarly research		e	┌ Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they further	the	organızatıor	ı's ex	cempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	┌ Ye:	s	┌ No
Par	t IV Escrow and Custodial Arrang	•				n answere	d "Y	es" to Form 9	990,		
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for contribut	ions	or other ass	ets	not	┌ Ye	s	□ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		_					
								Αı	nount		
c	Beginning balance						1c				
d	Additions during the year						<b>1</b> d				
e	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						┌ Ye	s	□ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior Year	+ • •	Two Years Back	( (d	Three Years Back	<b>(e)</b> Fo	ur Yea	ars Back
la •	Beginning of year balance	7,174,423 302,078		8,622,514 85,374	+		+				
b	Contributions	798,323		-1,180,408	-		+				
C	Investment earnings or losses	750,323		1,100,400			+			—	
d e	Grants or scholarships Other expenditures for facilities	275,000		353,057			+				
-	and programs	2,3,000		555,057							
f	Administrative expenses										
g	End of year balance	7,999,824		7,174,423							
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment	10.700 %									
ь	Permanent endowment <b>&gt; 86.000</b> %										
c	Term endowment ► 3.300 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that are held	and	admınıstere	d for	the			
	organization by									es	No
	(i) unrelated organizations				•		•	3a		$\dashv$	N o
L	(ii) related organizations				•		•	3a		井	N o
р 4	Describe in Part XIV the intended uses of th				•		•	3	<b>Б</b>		
	t VI Investments—Land, Building				90. P	art X. line	10.				
	Description of investment	-, <u>-</u> -q		(a) Cost or o	ther	(b)Cost or o	ther	(c) Accumulated depreciation	(d)	) Bool	k value
la	Land					2,814	,767			2.	.814,76
Ь	Buildings					26,636		10,680,61	.2		955,899
	Leasehold improvements					,		,			<u> </u>
	Equipment					4,379	,000	3,477,45	8		901,542
e	Other					219	,276				219,276

19,891,484

Part VII Investments—Other Securities. See F  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		_
us and international equities	4,544,510	F
bonds and fixed income funds	3,666,882	F
money market funds	1,564,335	F
real estate funds	267,324	<u>F</u> _
private equity funds	148,995	F_
hedge funds	16,335	F
cash value of life insurance		
cash value of life insurance	53,539	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	10,261,920	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		Cost of one of your market raids
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	0.1E	
(a) Description		(b) Book value
		(b) Book value
(a) Description	tion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X,	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability Federal Income Taxes enrollment deposits	5.)	

_ F G L	Keconcination of change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,586,361
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,327,435
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	258,926
4	Net unrealized gains (losses) on investments	4	657,816
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	657,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	916,742
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	19,032,614
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 575,086		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,232,902
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,799,712
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b 1,786,649		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,786,649
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	19,586,361
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	18,115,872
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del>	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	575,086
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,540,786
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,786,649
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	19,327,435
Par	t XIV Supplemental Information		

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

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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The school's endowment consists of donor restricted and board designated quasi-endowment funds established for a variety of purposes. Quasi-endowment consists of unrestricted net assets designated for future purposes. This portion of unrestricted net assets may be expended as authorized by the board of trustees investment and spending policy or by board action. Contributions to the temporarily restricted fund are restricted by the donor for a specific purpose. Also included are the permanently restricted endowment market gains and losses resulting from the investment of permanently restricted net assets. This portion of temporarily restricted net assets may be expended as authorized by the board of trustees investment and spending policy for the purpose stipulated by the donor. The permanently restricted endowment fund includes net assets subject to donor imposed stipulations that they be maintained permanently by the school. Generally, the donors of these assets permit the school to use all or part of the income earned on related investments for general or specific purposes.
Part X	Description of Uncertain Tax Positions Under FIN 48	as of june 30, 2010, the school noted no uncertain tax positions
		Part XII, Line 2D - Other Adjustments Fundraising expenses \$263,442 Bookstore Cost Of Goods Sold \$311,644 Part XII, Line 4B - Other Adjustments Financial Aid scholarship and tuition Remission \$1,786,649 Part XIII, Line 2D - Other Adjustments Fundraising expenses \$263,442 Bookstore Cost Of Goods Sold \$311,644 Part XIII, Line 4B - Other Adjustments Financial Aid scholarship and tuition Remission \$1,786,649

**Employer identification number** 

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY SCHOOL OF NASHVILLE

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

23-7424429 YES NO 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? Yes 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? 2 Yes 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 3 Yes The school's non-discriminatory policy is printed in brochures, viewbooks, open house ads, and all other printed material available to the public Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493136023651

OMB No. 1545-0047

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

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

	ne of the organization [VERSITY SCHOOL OF NA:	SHVILLE					Employer ider	ntification number		
							23-7424429			
Pa		<b>tivities.</b> Completers are not required			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.		
1	Indicate whether the organ	nization raised funds	through a	anv of the	following activities Ch	eck all th	at apply			
а	Mail solicitations			е	_					
b	Internet and e-mail so	olicitations		f	Solicitation of gov	_	_			
c		F Phone solicitations g F Special fundraising ev								
d	<del>_</del>									
	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 activities?  Yes No.  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.									
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundrai	nount paid to stained by) ser listed in sol <b>(i)</b>	(vi) A mount paid to (or retained by) organization		
			Yes	No						
Tota	al		·	<b>.</b>						

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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
		,	(a) Event #1  Artclectic (event type)	(b) Event #2  Evening Classes (event type)	(c) O ther Events  8 (total number)	(d) Tot (Add col		
Ме	1	Gross receipts	207,391	70,158	106,695		38	4,244
Reveilue	2	Less Charitable contributions	17,333	0	8,500		2	5,833
	3	Gross income (line 1 minus line 2)	190,058	70,158	98,195		35	8,411
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages	3,356	513	753			4,622
Direct	8	Entertainment						
Δ	9	Other direct expenses .	175,390	34,788	48,642		25	8,820
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•		26	3,442
	11	Net income summary Combine III						4,969
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
န္တ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Dreat B	4	Rent/facility costs						
<u></u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	∀es			
		Direct expense summary Add lines  Net gaming income summary Com						
_							Yes	No
9 a	Is t	er the state(s) in which the organization licensed to operate			<del></del> .	· 9a		
Ь		No," Explain				_		
10a b		re any of the organization's gaming   Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	11		
	.0111	10 dammington enantable gailling			Schedule G (Form 9	90 or 990-	 EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493136023651

OMB No 1545-0047

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

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

Open to Public

Name of the organization						Employer identifica	ition number
JNIVERSITY SCHOOL OF NA	ASHVILLE					23-7424429	
Does the organization m     the selection criteria us-	naintain records to s ed to award the gra	nts and Assistance substantiate the amount of to nts or assistance? edures for monitoring the us					▽ Yes □
Part II Grants and Or Form 990, Part	ther Assistance IV, line 21 for a	e to Governments and ny recipient that receive 990) if additional space	d Organizations in d more than \$5,000	the United States . Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of se	ction 501(c)(3) and	d government organizations					
				<del>-</del>		·	

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes	" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	•			

( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
177	0	1,786,649	O ther	Credit to Recipients Tuition Bill
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
Other 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

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DLN: 93493136023651

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization UNIVERSITY SCHOOL OF NASHVILLE 23-7424429 Questions Regarding Compensation Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes 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? Yes 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 Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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 only must complete lines 5-9. 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		incentive reportable		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (I)	295,937 0			14,000	7,304 0	317,241	0
	,,,		0		J			0

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

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DLN: 93493136023651

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY SCHOOL OF NASHVILLE Employer identification number

UNI	NIVERSITY SCHOOL OF NASHVILLE										23-7424429				
Pa	rt I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	<b>(f)</b> Des	cription of Pu	ırpose	(g) Defeased		(h) O n d Behalf of Issuer		
											Yes	No	Yes	No	
A	Industrial Development Board of the Metropolitian Gov't of Nashville	52-1789764	592106AB4	08-01-	2002	8,0	,	TO THE CAI	O FINANCE IMPROVEMENTS O THE CAMPUS LOCATED IN ASHVILLE, TN			X		×	
Pa	rt III Proceeds			1		1									
					4	E	3		:	D	)		E		
1	Total proceeds of issue				4,604,896										
	Gross proceeds in reserve funds														
3	Proceeds in refunding or defeasance escrows														
4	Other unspent proceeds														
5	Issuance costs from proceeds				119,520										
6	Working capital expenditures from proceeds														
7	Capital expenditures from proceed	ds													
8	Year of substantial completion			20	04										
				Yes	No	Yes	No	Yes	No	Yes	No	Ye:	5	No	
9	Were the bonds issued as part of a	a current refunding is	sue?		Х										
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х										
11	Has the final allocation of proceed	ds been made?		Х										,	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х											
Par	TIII Private Business Use					1									
				A 	E V				D		<u> </u>	E			
	M/a a the average transfer a partner in		ambar af an II.C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	-	No	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,										$\perp$		
2	Are there any lease arrangements which may result in private busine														
For P	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Inst	ructions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09	

	The state of the s											rage Z	_
Par	t III Private Business Use (Continued)						I	<u> </u>	T		1		—
			Yes	No No	Yes	No No	Yes	C No	Yes	D No	Yes	E No	_
3a	Are there any management or service contracts with respect to	the I	165	140	165	140	165	140	165	140	165	140	_
<i>-</i>	financed property which may result in private business use?												
3b	Are there any research agreements with respect to the finance	d property											
	which may result in private business use?	utaida											_
3с	Does the organization routinely engage bond counsel or other of counsel to review any management or service contracts or rese												
	agreements relating to the financed property?												
4	Enter the percentage of financed property used in a private bus												
	by entities other than a section 501(c)(3) organization or a sta government	te or local											
5	Enter the percentage of financed property used in a private bus	Inessilse											-
5	as a result of unrelated trade or business activity carried on by												
	organization, another section 501(c)(3) organization, or a state	orlocal											
	government  Total of lines 4 and 5												_
6		1 1				<b>I</b>		1					_
7	Has the organization adopted management practices and proce ensure the post-issuance compliance of its tax-exempt bond li												
Par	t IV Arbitrage					l	1	1		I		<b>I</b>	_
			4		В		С		С	)		Ē	
		Yes	No	Yes	No	Υe	es	No	Yes	No	Yes	No	_
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and												
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?												
													_
2	Is the bond issue a variable rate issue?												_
3a	Has the organization or the governmental issuer identified a												
	hedge with respect to the bond issue on its books and records?												
ь	Name of provider												
													_
c	Term of hedge		I										_
4a	Were gross proceeds invested in a GIC?												_
Ь	Name of provider												
С	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market												
	value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available			+									_
ی	temporary period?												
6	Did the bond issue qualify for an exception to rebate?		1										

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**NonCash Contributions** 

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization UNIVERSITY SCHOOL OF NASHVILLE **Employer identification number** 

23-7424429

Pa	Tt I Types of Property			_				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermı	nıng	
1	Art—Works of art	аррисавіс		1 19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	14	84,013	Market Value - Gıft	Date		
10	Securities—Closely held stock $\cdot$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther ► ()							
26	O ther ▶()							
	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl		<u> </u>		29		l I	
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e thırd part	les or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 23-7424429

Name: UNIVERSITY SCHOOL OF NASHVILLE

As Filed Data -

DLN: 93493136023651

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE 0** 

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

**Supplemental Information to Form 990** 

Name of the organization UNIVERSITY SCHOOL OF NASHVILLE **Employer identification number** 

23-7424429

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		IRWIN KUHN AND IRWIN VENICK ARE EMPLOYED AT THE SAME LAW FIRM CHARLENE DEWEY, RICHARD C MCCARTY, DAVID OWENS, AND GAIL WILLIAMS ARE EMPLOYED BY THE SAME UNIVERSITY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 final copy is then signed by the Director of the School and Paid Preparer and electronically filed with the Internal Revenue Service.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each member of the School's Board, administration, faculty, staff and committees (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 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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		THE KEY EMPLOYEE (DIRECTOR) DRAFTS AN ANNUAL LETTER OF A GREEMENT (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 THE BOARD OF TRUSTEES 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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, Ine 19		THE SCHOOLS 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.

ldentifier	Return Reference	Explanation				
FORM 990, PART IX, LINE 2C		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR				

Software ID: Software Version:

**EIN:** 23-7424429

Name: UNIVERSITY SCHOOL OF NASHVILLE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Bert Mathews Board President	2 50	X		×				0	0	0
Gail Williams	2 00	Х		Х				0	0	0
Board Vice-President Laura Lee Dobie										
Board Secretary	1 50	Х		X				0	0	0
Andrew May Board Treasurer	2 00	Х		x				0	0	0
Grace H Awh Trustee	1 50	Х						0	0	0
Susan Berck	1 50	Х						0	0	0
Trustee Ann Cargile										
Trustee	1 50	Х						0	0	0
Charlene Dewey Trustee	1 50	Х						0	0	0
Alison Douglas Trustee	1 50	Х						0	0	0
Norma Drake Trustee	1 50	Х						0	0	0
David Fox trustee	1 50	Х						0	0	0
Frank Garrison trustee	1 50	Х						0	0	0
Eddie Hamilton trustee	1 50	Х						0	0	0
John Hassenfeld trustee	1 50	Х						0	0	0
Terrı Kasselberg trustee	1 50	Х						0	0	0
David Kloeppel trustee	1 50	Х						0	0	0
Irwin J Kuhn Trustee	1 50	Х						0	0	0
Kevin Lavender Trustee	1 50	Х						0	0	0
Kelly A Linton Trustee	1 50	Х						0	0	0
Richard C McCarty Trustee	1 50	Х						0	0	0
Tom Oreck Trustee	1 50	Х						0	0	0
David Owens Trustee	1 50	Х						0	0	0
Libby Page Trustee	1 50	Х						0	0	0
Irwin Venick Trustee	1 50	Х						0	0	0
Bob Waterman Trustee	1 50	Х						0	0	0

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week		tion a Institutional Trustee	che	)	Highest compensated employee	Former	(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
		ñ	t e			BH ed				
Kathy Woods Trustee	1 50	Х						0	0	0
Ellen Wright Trustee	1 50	х						0	0	0
Vıncent Durnan Jr School Dırector	65 00			х				295,937	0	21,304
Juliet C Douglas Director of Admissions	45 00					х		118,499	0	12,505
Steven E Robins Head of High School	45 00					Х		118,021	0	12,752
Jeffrey A Greenfield Head of Middle School	45 00					Х		113,414	0	12,726
Susan R Touchstone Head of Lower School	45 00					х		105,805	0	12,173

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u> </u>	, s s								
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
Student Tuition & Fees	611,710	17,049,641	17,049,641						
After School Program	611,710	390,331	390,331						
Cafeteria Income	611,710	298,281	298,281						
Summer Program	611,710	111,341	111,341						
Activity Income	611,710	38,738	38,738						