Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

AF	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and e	enaing J	UN 30, ZUII	
Вс	heck if	C Name of organization		D Employer identific	cation number
	Addre	CHRIST COVENANT SCHOOL			
	Name chang	Doing Business As		_56-2:	13 <u>9728</u>
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Termii ated	PO BOX 2237		252-	756-3002
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	1222076.
	Application	WINTERVILLE, NC 28590		H(a) Is this a group re	turn
	pendi	F Name and address of principal officer: CHAD BRODEUR		for affiliates?	Yes X No
		OLD TAR RD, WINTERVILLE, NC 28590		H(b) Are all affiliates incl	luded? Yes No
1 T	ax-ex	empt status X 501(c)(3)	r 527		list (see instructions)
		e: > www.christcs.org		H(c) Group exemption	
		organization: X Corporation	L Year		State of legal domicile: NC
$\overline{}$	ırt I	Summary	•		
	1	Briefly describe the organization's mission or most significant activities: To pr	ovide	a Christia	n education
JCe	•	to children.			
na.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
ళ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	31
itie	6	Total number of volunteers (estimate if necessary)	6	0	
Activities & Governance	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Tot diffordated additional testing from the first and the	1	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		68929.	40865.
Jue	9	Program service revenue (Part VIII, line 2g)	759984.	1046915.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	6.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45178.	46162.
	12	Total revenue - add lines 8 through 11 (must equal Rart VIII, column (A), line 12)		874091.	1133948.
		Grants and similar amounts paid (Part 1) (Part 1) (Part 1)		0.	0.
	14	Benefits paid to or for members (Part X, celumn (A), line 4)		0.	0.
"	15	Salaries, other compensation, employee benefits (PartiX, column (A), lines 5-10)		719185.	643473.
Expenses		Professional fundralsing fees (Part IX, dolumn (A), line 1/1e)	-	0.	0.
ber	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
М	17	Other expenses (Part (Column (A), Ines 113 Hd., 11f-24f)	"	257389.	301407.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		976574.	944880.
	19	Revenue less expenses Subtract line 18 from line 12		-102483.	189068.
es		Terendo 1000 experiedes substituer into 10 front into 12	Ra	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	1382894.	840641.	
Ass	21	Total liabilities (Part X, line 16)		1495027.	763706.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	 	-112133.	76935.
	art II	Signature Block		112133.	
-		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ents, and to the heet of my	knowledge and helief it is
UHU	rı hall	ilios di porjury, i ucciare iliari nave examineu uns return, including accompanying schedules	unu siaitilli	virus, ariu iv ilie 0631 UF III)	r knowieuge and bellet, it is

May the IRS discuss this return with the preparer shown above? (see instruct 032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separation of the control of t

Wesley M. Measamer, CPA |
Firm's name ▶ Wesley M. Measamer

Firm's address 115 Regency Blvd

Signature of officer

Print/Type preparer's name

MARK BARTON,

Type or print name and title

Sign

Here

Paid

Preparer

Use Only

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Preparer's sig

PRESIDENT

Greenville, NC 27834

	990 (2010) CHRIST COVENANT SCHOOL	<u>56-213</u>	<u> </u>	age 2
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission.			
	Provide a Christian education to children			
2	Did the organization undertake any significant program services during the year which were not listed on			_
	the prior Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O.			_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X	No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by			
	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.		404600	
4a		(Revenue \$	104692	<u>(1.</u>)
	Provide a Christian education to children			
4b	(Code) (Expenses \$ including grants of \$!	(Revenue \$)
				
		· · · · · · · · · · · · · · · · · · ·		
		-		
		_		
	(C)	/D		
4c	(Code) (Expenses \$ including grants of \$) (Hevenue \$		—)
		.		
	Oll Control of Colored La O		***	
4d		•		
)		
_	LOTOL PROPERTY CONTINUES EXPROPERED DO 1007.			
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 683669.			

Form 990 (2010) CHRIST COVENANT SCHOOL
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			7.5
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_ <u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	8		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI, XII, and XIII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	40L		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, , , a		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	2015
		Form	990 (2	2010)

Pai	TIV Checklist of Required Schedules (continued)		r	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	_		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	OEL		Х
00	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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 IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31	'	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

L	Check if Schedule O contains a response to any question in this Part V				Γ
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	103	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		Ŏ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	L	1		
·	(gambling) winnings to prize winners?	-p-/	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			
Lu	filed for the calendar year ending with or within the year covered by this return	2a 3	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over la		_	
	financial account in a foreign country (such as a bank account, securities account, or other financial	• •	4a		X
b	If "Yes," enter the name of the foreign country	abouting.	, Tu		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	00		
	any contributions that were not tax deductible?		6a		x
b	if "Yes," did the organization include with every solicitation an express statement that such contribute	tions or aifts			
	were not tax deductible?	 .	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor	7 7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	, , ,	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	~	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter	1 1			
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	_11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	1	$\vdash\vdash\vdash$	77
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	990 (2010
			LOHIL	330 ((2010)

Form 990 (2010) CHRIST COVENANT SCHOOL 56-2139728 Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI \mathbf{X} Section A. Governing Body and Management No Yes 9 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? 14 14 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 Х 15a Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

WESLEY M. MEASAMER, CPA, PA - 252-353-1355 115 REGENCY BLVD, GREENVILLE, NC

56-2139728 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensat						(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)					J. A	Reportable	Reportable	Estimated amount of	
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations	
TRIP TEANEY											
PRESIDENT	2.00	X	_	X				0.	0.	0	
MARDY GRUBB											
DIRECTOR	2.00	X		<u> </u>			_	0.	0.	0	
SHERRI WINSLOW											
SECRETARY	2.00	X	 	X	<u> </u>	1	_	0.	0.	0	
CHAD BRODEUR											
TREASURER	2.00	X		Х			_	0.	0.	0	
MARK BARTON										_	
DIRECTOR	2.00	X	ļ				_	0.	0.	0	
MIKE BOSSE										•	
DIRECTOR	2.00	X				-		0.	0.	0	
TIM ODOM										•	
VICE PRESIDENT	2.00	X	_	X	_	-	┡	0.	0.	0	
JIMMY SMARTNICK	1	,,					1			0	
DIRECTOR	2.00	X					┝	0.	0.	0	
LEX TURNER	2 00	.						0.	0.	0	
DIRECTOR	2.00	X		-	⊢	╁	├	U •	U •	0	
BRENDA BROWN	40.00							27000.	0.	0	
PRINCIPAL	40.00							27000.	0.		

Par	t VII Section A. Officers, Directors, Tri	u <mark>stees, Key E</mark> r	npi	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	. Name and title	Average	_{/-} ,		Pos			L A	Reportable	Reportable			tımate	
		hours per week (describe hours for related	ustee or director	trustee	k air		app		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s	com fr	nount other pensa om the anizat	ition e
		organizations in Schedule O)	Individual tre	Institutional	Officer	Key employee	Highest compensated employee	Former					d relat Inizati	
	* 1.03 surger													
	Sub-total	I	<u> </u>	<u> </u>		<u> </u>			27000.		0.			0.
	Total from continuation sheets to Part V	II, Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	·							27000.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 ın reportabl	е			
	compensation from the organization											Т	V. 1	0
3	Did the organization list any former officer.	, director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on	ſ		Yes	No
	line 1a? If "Yes," complete Schedule J for s		_						_		-	3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	•							•	the organization		4		_x
5	Did any person listed on line 1a receive or	-				-		elat	ed organization or indivi	dual for services		_		v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scr <u>iedui</u>	e 	Or St	ucn	pers	SOII					5		X
1	Complete this table for your five highest countries the organization NONE	ompensated inc	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	(A) Name and business	address			,,				(B) Description of s	ervices	C	(C ompe	;) nsatio	 n
	· · · · · · · · · · · · · · · · · · ·								·					
	•													
		···												
			_											
							·		 _	-				
	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se la	sted	l above) who received m	nore than				
	\$100,000 in compensation from the organ	zation					0		-			Form !	990 (2	2010\
													/*	

Part VIII		I Statement of Reve	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d	7444.				
ontributions nd other sin	_	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	nts, and ove 1f	33421.				
O g	h	Total. Add lines 1a-1f		•	40865.			<u> </u>
vice	2 a b	TUITION INCOME		Business Code 611600	1046915.	1046915.		
Program Service Revenue	c d							
<u>6</u>	е							
<u>-</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1046915.			
ļ	3	Investment income (including other similar amounts) Income from investment of ta		▶ .	6.	6.		
	5	Royalties	oxompt bond p	51000000				
	Ū	Hoyanios	(i) Real	(ii) Personal				
	6 2	Gross Rents	8700.					
			8211.					
		·	489.					
		Rental income or (loss)	409.		400			400
		Net rental income or (loss)		▶	489.			489.
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		•				
enne		Gross income from fundraisin including \$	of					
Other Revenue	b	contributions reported on line Part IV, line 18 Less direct expenses	e 1c) See a b				i	
ŏ		Net income or (loss) from fund	-	1,7,7,1,0	45673.			<u>45</u> 673.
		Gross income from gaming ac	=		=			1 30/3•
	Ja	Part IV, line 19						
	<u>_</u>	Less direct expenses	. a b					
		*						
		Net income or (loss) from gam	-	· -				
	10 a	Gross sales of inventory, less						
		and allowances	а					
		Less cost of goods sold	b		İ			
-	С	Net income or (loss) from sale	s of inventory	<u>, </u>				
		Miscellaneous Revenu	ie	Business Code				
	11 a			ļ				
	b							
	С							
	d	All other revenue						
	e	Total, Add lines 11a-11d						
	12	Total revenue See instructions.		•	1133948.	1046921.	0.	46162.
03200	9			······································				Form 990 (2010)

Form 990 (2010) CHRIST COVENANT SCHOOL Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	. All other organizations must comp	olete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	565066			
7	Other salaries and wages	567066.	517062.	50004.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	28695.	25862.	2022	
9	Other employee benefits	47712.		2833.	
10	Payroll taxes Fees for services (non-employees)	4//12.	40152.	7560.	
11	Management	27000.	5000.	22000.	
a	Legal	27000.	3000.	22000.	
b	Accounting	16872.		16872.	
d	Lobbying	10072.		10072.	
- u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other	2115.		2115.	
12	Advertising and promotion	2495.		2495.	
13	Office expenses	3209.		3209.	
14	Information technology				
15	Royalties				
16	Occupancy	91009.		91009.	
17	Travel	237.	237.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings	771.		771.	
20	Interest	26401.		26401.	-
21	Payments to affiliates	2422			
22	Depreciation, depletion, and amortization	9409.		9409.	
23	Insurance	5187.		5187.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	FINANCIAL AID	48436.	48436.		
a b	CLASSROOM EXPENSES	25236.	25236.		
c	CLUB EXPENSES	9977.	9977.		
d	HEAD MASTER SEARCH	4110.	33774	4110.	_
e	DUES AND SUBSCRIPTIONS	3952.		3952.	
_	All other expenses	24991.	11707.	13284.	
25	Total functional expenses Add lines 1 through 24f	944880.	683669.	261211.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

-	: X	Balance Sheet				(5)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		82188.	1	245674
	2	Savings and temporary cash investments			2	29502
	3	Pledges and grants receivable, net		737873.	3	12983
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors	, trustees, key			
		employees, and highest compensated employees Con				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	d under section			
1		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			•
		employers and sponsoring organizations of section 50	(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	1		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges		20.	9	1425
	10 a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a	594042.			- 4 - 4
	b	Less accumulated depreciation 10b	45435.	560363.	10c	548607
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities. See Part IV, line 11	-		12	
	13	Investments - program-related See Part IV, line 11	}		13	
	14	Intangible assets	}-	0.450	14	0.450
	15	Other assets See Part IV, line 11	-	2450.	15	2450
_	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	1382894.	16	840641
	17	Accounts payable and accrued expenses	-		17	329
- 1	18	Grants payable	-	070660	18	0.47010
- 1	19	Deferred revenue	-	978662.	19	247012
- 1	20	Tax-exempt bond liabilities	h		20	
	21	Escrow or custodial account liability Complete Part IV			21	
	22	Payables to current and former officers, directors, trust				
		highest compensated employees, and disqualified pers	sons Complete Part II			
		of Schedule L	 	E1 C 2 C E	22	516365
	23	Secured mortgages and notes payable to unrelated thi	To the second se	516365.	23	210303
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		1495027.	25	763706
- 1	26	Total liabilities. Add lines 17 through 25	X and complete	1493047.	26	703700
		Organizations that follow SFAS 117, check here	La and complete			
	07	lines 27 through 29, and lines 33 and 34.		-112133.	27	76935
	27	Unrestricted net assets		-112133•	28	10333
	28	Temporarily restricted net assets Permanently restricted net assets		-	29	•
	29	Organizations that do not follow SFAS 117, check h	ere 🕨 🗔 and		25	
		complete lines 30 through 34.	ere P L and			
	20	Capital stock or trust principal, or current funds			30	
	30 31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	- AP
	31	Retained earnings, endowment, accumulated income,	ſ		32	
	32 33	Total net assets or fund balances	or other fullus	-112133.	33	76935
	S	Total liabilities and net assets/fund balances	-	1382894.	34	840641

Form	990 (2010) CHRIST COVENANT SCHOOL	56-2139	9728	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	113	<u> 339</u>	<u>48.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	148	80.
3	Revenue less expenses Subtract line 2 from line 1	3	18	390	<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-13	<u> 121</u>	<u>33.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		<u> 769</u>	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both			ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-21-10

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			CHRIST	COVENANT SCH	OOL					5	<u>6-2139728 </u>	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See ins	tructions			
he	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2	X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3				tal service organization		n section	170(b)(1)	(A)(iii).				
4	同	•	•	operated in conjunction					(b)(1)(A)(ii	ii). Enter t	the hospital's name.	
•		city, and stat		•		•			V-X-X-		, ,	
5		-		benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in	
•		_	(b)(1)(A)(iv). (Comple		,		,	- 3				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7												
′	L	-	(b)(1)(A)(vi). (Comple		or its supp	on nom a	governine	intai uniit C	or monntine	general	public described in	
		-		ection 170(b)(1)(A)(vi).	(Complete	Dort II.)						
8 9		•				•	rom oontr	hutiana n		n faaa	ad areas resourts from	
9		-		eives. (1) more than 33						-	•	
			•	nctions - subject to certa	-		•				•	
				axable income (less sect	uon 511 ta	x) irom bu	sinesses a	acquirea b	y the orga	ınızatıon a	arter June 30, 1975	
			509(a)(2). (Complete		_4.6		.	500/ W	41			
10		=		perated exclusively to te					-		_	
11		-	-	perated exclusively for the								
		-		ations described in secti				2). See se	ction 509(a)(3). One	eck the box that	
			· · · · · · · · · · · · · · · · · · ·	organization and compl							1	
		a Type I		• •		e III - Func		-		d	Type III - Other	
е	لبا		•	it the organization is not		•	•	•				
_				han one or more publicly		-				3(a)(1) or	section 509(a)(2)	
f		-		ten determination from t	the IRS tha	atitisaly	pe I, Type	II, or Type	e III			
		•	rganization, check th									
g		-		organization accepted ar			•				[
				irectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and (III) below,		
		_		upported organization?							11g(i)	
		• •	<u>-</u>	n described in (i) above?		•					11g(ii)	
			-	person described in (i) o	• •						11g(iii)	
h		Provide the fo	ollowing information	about the supported or	ganization	(s)						
			·	(iii) Type of	I		r <u> </u>		6.316	46.		
(i)		of supported	(ii) EIN	organization	(iv) is the d in col. (i) h	rganization		i notity the ion in col.	Lorganizatio	on in col. L	(vii) Amount of	
	orga	ınızatıon		(described on lines 1-9		document?	(i) of you		(i) organiz U.S	ed in the	support	
				above or IRC section (see instructions))								
				(see msuuchons))	Yes	No	Yes	No	Yes	No		
					 	ļ						
												
				-	-				ļ	 		
					-	ļ			 		 	
					<u> </u>		<u> </u>					
										}		

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon'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	ļ					
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)						
	Public support. Subtract line 5 from line 4 ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2006	(b) 2007	(6) 2008	(u) 2009	(e) 2010	(i) Total
8	Gross income from interest,						
0	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	-					
3	activities, whether or not the						
	business is regularly carried on		ļ				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instructi	ons)		•	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		•				. ▶∟
t	33 1/3% support test - 2009. If the o				l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual				- 40 40 405		▶ □
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					rt iv now the orga	nization
	meets the "facts-and-circumstances"	-	•		=	17a and line 15 :-	▶ ∟
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						_
10	organization meets the "facts-and-circ Private foundation. If the organization				_		
18	rrivate foundation. If the organization	in did not check a	DOX OF THE 13, 10	ia, 100, 17a, 01 17			or 990-EZ) 2010
					SCIR	Carle A (1 OI III 330	, or 990-LE 2010

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	<u> </u>				İ	
include any "unusual grants")						
2 Gross receipts from admissions,						
merchandise sold or services per-	ļ					
formed, or facilities furnished in					İ	
any activity that is related to the organization's tax-exempt purpose				į		
3 Gross receipts from activities that	-	-				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					'	
<u>-</u>				j		
ization'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			ļ. 	 	 	
6 Total. Add lines 1 through 5			-	ļ	 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				_	1	
b Amounts included on lines 2 and 3 received						1
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						1
amount on line 13 for the year						ļ
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			·			
10a Gross income from interest,						
dividends, payments received on	1					
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
•		-		 		
c Add lines 10a and 10b 11 Net income from unrelated business				 	-	
activities not included in line 10b,	,	į				
whether or not the business is						
regularly carried on			<u> </u>	+	+	
12 Other income Do not include gain or loss from the sale of capital				1		
assets (Explain in Part IV)		<u> </u>	<u></u>			
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>			<u> </u>
14 First five years. If the Form 990 is fo	r the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	lia Como ant Da				_ 	
Section C. Computation of Pub				- 	1 1	
15 Public support percentage for 2010			column (f))		15	. 9
16 Public support percentage from 2009					16	9
Section D. Computation of Inve						
17 Investment income percentage for 26			ne 13, column (f))		17	9
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2010. If the						17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2009. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
032023 12-21-10					hedule A (Form 99	0 or 990-EZ) 201

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.

2010
Open to Public Inspection

Name of the organization

CHRIST COVENANT SCHOOL

Employer identification number 56-2139728

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	ture	
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
-	conservation easements	A. A. Iliaharia al Tuanas una auro	Oth on Cincilar Apparts
Pai	t III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

17

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

		COVENANT	SCHOO:	<u> </u>			5.6	-21	39728	3 Pa	ige 2
Par	t III Organizations Maintaining C	collections of	Art, Hist	orical Tr	easures, c	r Othe	er Similar	Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other reco	rds, check	any of the	following that	t are a s	ignificant use	of its	collection	items	3
	(check all that apply)										
а	Public exhibition		d 🔲 l	_oan or exc	hange progra	ms					
b	Scholarly research		e 🔲 (Other							
С	Preservation for future generations										
4 ·	Provide a description of the organization's co	ollections and exp	laın how th	ey further ti	he organizatio	n's exe	mpt purpose	ın Part	XIV		
5	During the year, did the organization solicit o	r receive donation	s of art, his	storical trea	sures, or othe	er sımıla	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part o	of the organ	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Com	plete if the	organizatio	n answered "	Yes" to	Form 990, P.	art IV, I	ıne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custodi	ian or other interm	ediary for	contribution	s or other as	sets not	ıncluded		_		_
	on Form 990, Part X?	-•							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following t	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fe	orm 990, Part X, lii	ne 21?						Yes		No
b	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete r	f the organization	answered	"Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three year	s back	(e) Four	years l	back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities					ľ					
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
c	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ssion of the organ	ization tha	it are held a	nd administe	red for t	he organizati	on	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	-				-			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	d on Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's en	dowment	funds.							
Par	t VI Land, Buildings, and Equipm	nent. See Form 9	90, Part X	line 10.		·					
	Description of investment	(a) Cost of	r other	(b) Cost	or other	(c) A	ccumulated		(d) Book	value	
		basis (inves	stment)	basis	(other)	de	preciation				
1a	Land			4	13244.				41	1324	<u>14.</u>
. b	Buildings			1	18000.		34815	i . [3318	
	Leasehold improvements										
	Equipment				62798.		10620			521	78.
	Other										
T-4-1	Add lines to through to (Column (d) must a	aual Form 000 Pr	ort V. colun	on (R) line 1	(0(a))				5/	1861	7

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		•
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(8)			
(9)	 		
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, Irr			
	a) Description		(b) Book value
	2) 2000 iip iio i		(b) Book raido
(1) (2)			
(3)			
(4)			
(5)			
(6)	•		
(7)	-u,		-
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)		>
Part X Other Liabilities. See Form 990, Part 3	X, line 25		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	·		
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) II FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	ne 25)	ots that reports the organization's liability for	uncertain tax positions under
2 File 40 (AGO 740) Foundation in Fact Air, provide the text of the foundation	organization a midicial statemen		

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 CHRIST COVENANT SCHOOL			<u> 56-213</u>	19728 Page 4		
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Fina	incial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1133948.		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		944880.		
3	Excess or (deficit) for the year. Subtract line 2 from line 1				189068.		
4	Net unrealized gains (losses) on investments						
5	Donated services and use of facilities		5				
6	Investment expenses 6						
7	Prior period adjustments 7						
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4 through 8						
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		189068.				
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rev	enue per	Return			
1	Total revenue, gains, and other support per audited financial statements			1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c		1			
d	Other (Describe in Part XIV)	2d	_				
e	Add lines 2a through 2d			2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b			4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5			
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Ex	oenses pe	r Return			
1	Total expenses and losses per audited financial statements			1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				·		
а	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d		•	2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
	Add lines 4a and 4b			4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5			
Pai	t XIV Supplemental Information						
Com	olete 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; P	art V, line 4, Part		
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple						
·			•				
				·			
		 					
					-		
	•						
-							

032054 12-20-10

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Schools

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CHRIST COVENANT SCHOOL

Employer identification number 56-2139728

Pai	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			
	If you need more space, use Part II	3	X	
		1		
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
٠d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
			İ	
			ĺ	
5	Does the organization discriminate by race in any way with respect to:	,		
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.			
		}		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<u> </u>	X_
b	Has the organization's right to such aid ever been revoked or suspended?	6b	<u> </u>	X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of			
	Rev Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule E (Form	990 or	990-EZ	Z) 2010

Schedule E	E (Form 990 or 990-EZ) (2010) CHRIST COVENANT SCHOOL	<u> 56-2139728</u>	Page 2
Part II	F. (Form 990 or 990-EZ) (2010) CHRIST COVENANT SCHOOL Supplemental Information. Complete this part to provide the explanations required by Part I, as applicable. Also complete this part to provide any other additional information.	lines 3, 4d, 5h, 6b, and 7,	
	as applicable. Also complete this part to provide any other additional information.		
		_	
•			
	- We the second		
			•
			-
		•	
	•		
		 -	
	•		
			
			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2010

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

Inspection

Employer identification number

56-2139728 CHRIST COVENANT SCHOOL Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of or entity (fundraiser) from activity fundraiser organization contributions listed in col. (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

032081 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

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

Sch Pa		e G (Form 990 or 990-EZ) 2010 CHRIST Fundraising Events. Complete if the	COVENANT SC	HOOL		2139728 Page 2
<u> </u>		of fundraising event contributions and gr				
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SCRIP	HOT LUNCH	13	(add col. (a) through
o)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	47574.	12891.	65125.	125590.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	47574.	12891.	65125.	125590.
	4	Cash prizes				<u>. </u>
ses	5	Noncash prizes				
Expens	6	Rent/facility costs			300.	300.
Direct Expenses	7	Food and beverages		9937.	3124.	13061.
	8	Entertainment				·
	9	Other direct expenses	46564.		19992.	66556.
	10	Direct expense summary. Add lines 4 throug			•	(79917)
Pa		Net income summary Combine line 3, colum II Gaming. Complete if the organization	in (d), and line 10	900 Port IV line 19 or	reported more than	45673.
<u> </u>		\$15,000 on Form 990-EZ, line 6a	answered res to rollin	1990, 1 att 14, iiile 19, 01	reported more than	
		ψ10,000 0117 0111 000 <u>22</u> 1 m.e σα		(b) Pull tabs/instant	4 > 011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
eve						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		-		
	5	Other direct expenses		-		
		other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	()
	8	Net gaming income summary Combine line	1. column d. and line 7		•	
		The garmy series				
9	En	ter the state(s) in which the organization opera	ates gaming activities _		·-	
		he organization licensed to operate gaming a	•	states?		└─ Yes └─ No
b	lf "	No," explain:			<u> </u>	
		ere any of the organization's gaming licenses r		erminated during the tax	year?	Yes No
b	If "	Yes," explain				
				-		
					Schodulo C (For	m 990 or 990-FZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 CHRIST COVENANT SCHOOL	<u>56-2139728 Page 3</u>
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in.	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
THE Lines the hame and address of the person who prepares the organization's garning/special events books and record	J 5.
Name ▶	
Name ▶	
Addina	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	unt
of gaming revenue retained by the third party > \$	ant.
c If "Yes," enter name and address of the third party.	
Cit les, enter hame and address of the third party.	
Name &	
Name	
Address	
16 Gaming manager information	
Nama 🏲	
Name	
O	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$	1110
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	mps (vi) and (v) and Port III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	
lines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also complete this part to provide any additional initial	rmation (see instructions)
·	
	
•	
	

032083 01-13-11

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization CHRIST COVENANT SCHOOL	Employer identification number 56-2139728
Form 990, Part VI, Section A, line 2: Principal is related	d to the
business manager/admissions director.	
Form 990, Part VI, Section B, line 11: The finance commit	tee received a
draft copy of the tax return to review before the final re	eturn was filed.
Form 990, Part VI, Section C, Line 19: They are available	upon request at
the office.	
·	