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Form **990** 

## 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)

OMB No 1545-0047 2006

Department of the Treasury

Open to Public

Inte	mal Revenue Service	The organization may have	to use a copy of this reti	urn to satisfy	y state reporting red	quireme	nts. Inspection
A	For the 2006 calenda	r year, or tax year beginning	Ju	1 01,2	006, and ending		Jun 30,2007
В	Check if	•	•		D Em	ployer	identification number
П	applicable Address chang	200706 03113000	0 29 IB		ı'		-1276351
Н	· •	KISIIAN HERITAGE	ACADEMY				number
Н	Name change 62	S GLENNWOOD DR	44 84 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		S	-	
Н		CKY MOUNT VA 2	4151-6422				0-483-5855
Ш	Final return					_	thod: Cash X Accrual
Ш	Amended return						specify) ▶
Ш	Application pending	ection 501(c)(3) organization	s and 4947(a)(1) nonex	empt	H and I are not a	applicab	le to section 527 organizations
	(	charitable trùsts must attach a Form 990 or 990-EZ).	a completea Scheaule	A	H(a) Is this a group	p retum fo	r affiliates? Yes X No
G	Website: ▶	,			H(b) If "Yes," ente	r number o	of affiliates
J	Organization type (chec	ck only one) ► X 501(c)(3 )	(insert no.) 4947(a)(1)	or 527	H(c) Are all affiliat	es include	d? Yes No
		he organization is not a 509(a)(	<del> </del>		(If "No," attac	halist Se	ee instructions )
		ally <b>not</b> more than \$25,000. A r			H(d) Is this a sepa		o filed by an y a group ruling? Yes X No
	*	file a return, be sure to file a co	· ·		I Group Exer		<u> </u>
	organization chooses to	ille a return, be sure to file a co	implete return.		<del>                                     </del>	<del> </del>	
	Cross resemble Add line	so Ch. Oh. Oh. and 10h ta line 10	. 507	222	1	_	e organization is <b>not</b> required
_		es 6b, 8b, 9b, and 10b to line 12		,322.			orm 990, 990-EZ, or 990-PF)
	_	Expenses, and Change		r Fund E	balances (See t	ne instru	uctions )
	i -	, grants, and similar amounts re	ceived <sup>.</sup>				
		donor advised funds		1 a	<del></del>	<b>↓</b> 1	
	<b>b</b> Direct public sup	port (not included on line 1a)		1 b	41,495.	_	
	c Indirect public su	ipport (not included on line 1a)		1 c		_	
	<b>d</b> Government con	tributions (grants) (not included	on line 1a)	1 d			
	e Total (add lines	1a through 1d) (cash \$	41,495. noncas	h \$	)	1 e	41,495.
	2 Program service	revenue including government	fees and contracts (from	Part VII, Im	e 93)	2	536,395.
	_	s and assessments	,		•	3	
	1	gs and temporary cash investm	ents			4	2,307.
		terest from securities			·	5	<u> </u>
	6 a Gross rents			6a	7,125.		
	<b>b</b> Less: rental expe	2000		6b	3,045.	1 1	
	1	e or (loss). Subtract line 6b from	lino Co	L	3,013.	6c	4,080.
Ð			i iiile oa		,	7	4,000:
Ĕ		t income (describe ▶	(A) O		( <b>D</b> ) Other:	<del>                                     </del>	
Revenue	1	om sales of assets other	(A) Securities	0 -	(B) Other	- ]	
Œ	than inventory			8a		4 1	
		er basis & sales expenses		8b		4 1	
	c Gain or (loss) (at	ttach schedule)		8c			
	d Net gain or (loss)	). Combine line 8c, columns (A)	and (B)			8 d	
	9 Special events a	nd activities (attach schedule). I	f any amount is from <b>ga</b> i	<b>ming</b> , check	there ▶ 📙	1 1	
	a Gross revenue (i	not including \$	of				
	contributions rep	orted on line 1b)		9a			
	<b>b</b> Less direct expe	enses other than fundraising exp	enses	9b			
	c Net income or (lo	oss) from special events. Subtra	ct line 9b from line 9a			9c	
	10 a Gross sales of in	ventory, less returns and allowa	inces	10a			
	1	ods sold FOEIVED		10 b		1 1	
		pss) from sales of inventory (att	ach schedule). Subtract I	ine 10b fron	n line 10a	10c	
	11 Other revenue (f	om Part VII, line 103)	000			11	
	•	Add lines 15,(2, 3, 6,5), 80,9, 80				12	584,277.
		\$ (from line 44, column (B))	1071		<del></del>	13	589,141.
S	_	1 " 1	<u>]</u> Œ			14	82,837.
Jše		general (from line 44, column (	C))			15	02,037:
Expenses		line 44/ column (D)			•		
ű	- I	ates (attach schedule)				16	CE1 050
	<del>                                     </del>	Add lines 16 and 44, column (A	·			17	671,978.
ets		t) for the year. Subtract line 17 f				18	(87,701.)
1SS		nd balances at beginning of year		))		19	1,069,456.
Net Assets	20 Other changes in	n net assets or fund balances (a	ttach explanation)			20	<del></del>
Ž	21 Net assets or fur	nd balances at end of year Com	bine lines 18, 19, and 20	<u> </u>		21	981,755.
For	Privacy Act and Page	rwork Reduction Act Notice.	see the separate instri	ictions.			Form <b>990</b> (2006)

# Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See

	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22a	Grants paid from donor advised funds (attach schedule)	}				
	(cash \$ 15412.noncash \$ )					
	If this amount includes foreign grants, check here ▶	22a	15412.	15412.		
22b	Other grants and allocations (attach schedule)					
	(cash \$)	:				
	If this amount includes foreign grants, check here ▶	22b				
23	Specific assistance to individuals (attach		}			
	schedule) .	23		· · · · · · · · · · · · · · · · · · ·		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key			ţ		
	employees, etc. listed in Part V-A (attach schedule)	25a				
þ	Compensation of former officers, directors, key			ļ		
	employees, etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions, not included	}		Ì		
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section	1		1		
	4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on					
	lines 25a, b, and c	26	440103.	365103.	75000.	
27	Pension plan contributions not included on lines					
	25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				·
29	Payroli taxes	29	34027.	27903.	6124.	
30	Professional fundraising fees	30				
31	Accounting fees	31	900.		900.	
32	Legal fees	32	813.		813.	
33	Supplies	33	20062.	20062.		
34	Telephone	34	3030.	3030.		
35	Postage and shipping	35				
36	Occupancy	36	25363.	25363.		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1898.	1898.		
	Travel	39				
	Conferences, conventions, and meetings	40	24055			
41	Interest	41	24965.	24965.		
	Depreciation, depletion, etc (attach schedule)	42	41492.	41492.		
43	Other expenses not covered above (itemize)	40	20000	20000		
а	insurance	43a	20000.	20000.		
_	Staff Development Maintenance	43 b	9226.	9226.		
C		43c	1693.	1693.		
d	Dues Other	43d	1962. 5535.	1962.		<del></del>
e	Non Recurring	43e	25497.	5535. 25497.	<del></del>	<del></del>
t	Non Recurring	43f	23491.	23431.		
g	Total functional expenses. Add lines 22a through	43g				
	•			1	1	
	43g (Organizations completing columns	44	671978.	500141	82837.	
	(B) - (D), carry these totals to lines 13 - 15)  Costs. Check ▶ if you are following SOP 98-2.	44	0/13/8.	589141.	02031.	<del></del>
	— · · · · · · · · · · · · · · · · · · ·	l filmeder	uning policitation *	wood us (B) Drogram a	0000000 F	Type Man
	ny joint costs from a combined educational campaign and s," enter (i) the aggregate amount of these joint costs \$	i iunara			_	Yes X No
	e amount allocated to Management and general \$			mount allocated to P	· ·	<del></del>
ווו/ נח	e amount allocated to Management and general \$		; and (IV) th	e amount allocated to	Fundraising \$	Form <b>990</b> (2006)
						TORR 330 (2006)

# Form 990 (2006) Christian Heritage Academy Part III Statement of Program Service Accomplishments (See the instructions.)

Fo	rm 990 is available for public inspection	and, for some people, s	erves as the primary or sole source of	f information about a p	artıcı	ular organization.
Но	w the public perceives an organization	in such cases may be de	etermined by the information presente	d on its return. Therefo	ore, p	lease make
sur	re the return is complete and accurate a			accomplishments		
Wr	nat is the organization's primary exempt	t purpose? ► C	hristian School, K	thru 12th		Program Service
ΑII	organizations must describe their exen	npt purpose achievement	s in a clear and concise manner Stat	e the number of client	s	Expenses (Required for 501(c)(3)
ser	rved, publications issued, etc Discuss	achievements that are no	t measurable (Section 501(c)(3) and	(4) organizations and		and (4) orgs , and
	47(a) (1) nonexempt charitable trusts mi					4947(a)(1) trusts, but optional for others)
а	Christian School,	131 students	K thru 12th grade			
		<u>.</u>				
						ĺ
	(Grants and allocations \$	15412.)	If this amount includes foreign grant	s, check here	$\perp \perp$	589141.
Ь			,			
						1
					_	
	(Grants and allocations \$	)	If this amount includes foreign grant	s, check here	Ш.	
С						
	(Grants and allocations \$	)	If this amount includes foreign grant	s, check here		
d						
				<del></del>		
					_	
					_	
	(Occupant and allocations of			<del></del>	$\neg$	
_	(Grants and allocations \$	)	If this amount includes foreign grant	s, check here	Щ	
е	Other program services (attach sched	anie)	Waller Committee of the		П	
	(Grants and allocations \$	) (-h 1d1111	If this amount includes foreign grant	s, check here	Щ	F 9 0 1 4 1
<u> </u>	Total of Program Service Expenses	(snould equal line 44, co	olumn (B), Program services)		<u> </u>	589141.
						Form <b>990</b> (2006)

Part	IV	Balance Sheets (See the instructions.)			_			
No	te:	Where required, attached schedules and amounts wi	thin the	description		(A)	1	(B)
		column should be for end-of-year amounts only		doddipadii			1	
						Beginning of year	45	End of year
		Cash - non-interest-bearing				95,510.	45	75,684.
	46	Savings and temporary cash investments					46	
							1	
	47a	Accounts receivable	47a	31.	866.		1	
	Ь	Less allowance for doubtful accounts	47b			3,728.	47c	31,866.
	-	Lead dilevance for doubtful accounts				3,720.	1770	31,000.
	1		1				1	
	48a	Pledges receivable	48a			4	1	
	b	Less: allowance for doubtful accounts	48Ь				48c	
	49	Grants receivable					49	
	50a	Receivables from current and former officers, direc	tors. tru	stees, and kev				
	1	employees (attach schedule)	•	,			50a	
	Ь	, ,	inad un	der coetion 40	=O(f)(1)	<del></del>	+	
	"	Receivables from other disqualified persons (as de			00(1)(1)			
	l	and persons described in section 4958(c)(3)(B) (att	acn scr	nedule)		<u> </u>	50ь	
	51a	Other notes and loans receivable (attach						
	1	schedule)	51a					
w	Ь	Less. allowance for doubtful accounts	51b			]	51c	
Assets	52	Inventories for sale or use					52	
Ass	53	Prepaid expenses and deferred charges					53	
_				- □ coot □	FM∨		54a	
		Investments - publicly-traded securities		Cost	-4	25 407	+	
	1	Investments - other securities (attach schedule)	•	► X Cost	_ FMV	25,497.	54b	
	55a	Investments - land, buildings, and					l	
	i	equipment, basis	55a					
	Ь	Less: accumulated depreciation (attach						
		schedule)	55b				55c	
	56	Investments - other (attach schedule)				<del> </del>	56	······································
	1	Land, buildings, and equipment, basis	57a	1,739,3	153		1	<u> </u>
				<u> </u>			Ī	
	"	Less accumulated depreciation (attach		477 (		1 267 276	l	1 220 250
		schedule)	57b	411,0	1/5.	1,367,276.	57c	1,328,078.
	58	Other assets, including program-related investment	s					
		(describe >		)			58	
	59	Total assets (must equal line 74). Add lines 45 thro	ugh 58			1,492,011.	59	1,435,628.
	60	Accounts payable and accrued expenses				22,555.	60	61,686.
	61	Grants payable				<del></del>	61	
	62	Deferred revenue					62	
ģ	63		-1	. (-Mb			02	
£i	63	Loans from officers, directors, trustees, and key em	pioyees	s (aπacn				
Liabilitie		schedule)					63	
Li:	1	Tax-exempt bond liabilities (attach schedule)					64a	
	b	Mortgages and other notes payable (attach schedul	e)			400,000.	64b	392,187.
	65	Other liabilities (describe ▶			)		65	
		<u>-</u>					1	
	66	Total liabilities. Add lines 60 through 65				422,555.	66	453,873.
			► Ta	and complete lir	200 67	122/3331		2307073.
	•••	·	۰ ا	and complete iii	163 07			
		through 69 and lines 73 and 74						
ő	67	Unrestricted					67	
ä	68	Temporarily restricted					68	
Bal	69	Permanently restricted					69	
Þ	Org	anizations that do not follow SFAS 117, check h	ere	▶ ☐ and cor	nplete			
چ		lines 70 through 74				}		
7	70	Capital stock, trust principal, or current funds					70	
ম		· · · · · · · · · · · · · · · · · · ·					+	<del></del>
Se	71	Paid-in or capital surplus, or land, building, and equi				1 000 :	71	
As	72	Retained earnings, endowment, accumulated incom				1,069,456.	72	981,755.
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 th	rough (	69 <b>or</b> lines			[ ]	
~		70 through 72 (Column (A) must equal line 19 and	column	(B) must equa	l line 21).		73	981,755.
	74	Total liabilities and net assets/fund balances. Ad	dd lines	66 and 73.		1,492,011.	74	1,435,628.
								<del></del>

	CHILD CHAIL II			<del></del>	<del></del>	14441 5	J2	12/0331 Page 5
L		Revenue per Audi	ted Fir	nancial S	tatements	With Revent	ue per	Return
a	(See the instructions.)  Total revenue, gains, and other support	art per audited financial stat	tomonto				TT	582207.
b	Amounts included on line a but not on	=	tements				a	362207.
	Net unrealized gains on investments	rani, ine 12			Ь1			
_	Donated services and use of facilities				b1		- 1	
	Recoveries of prior year grants				b2		- 1	
	· · · · · · · · · · · · · · · · · · ·				B3		-[ ]	
7	Other (specify):				<sub>b4</sub>			
	Add lines <b>b1</b> through <b>b4</b>		-		D4		Ь	
С	Subtract line <b>b</b> from line <b>a</b>						c	582207.
	Amounts included on Part I, line 12, b	ut not on line a:						302207.
	Investment expenses not included on				d1			
							1 1	
					d2			
	Add lines d1 and d2	<del></del>		<del></del>			1 a 1	
e	Total revenue (Part I, line 12). Add Iii	nes <b>c</b> and <b>d</b>				•	e	582207.
		Expenses per Aud	ited Fi	nancial S	Statements	With Expen	ses p	
a	Total expenses and losses per audite				•••	. •	a	671978.
Ь	Amounts included on line a but not on							
1	Donated services and use of facilities				b1			
2	Prior year adjustments reported on Pa	art I, line 20			b2		1 1	
3	Losses reported on Part I, line 20				b3		1	
4	Other (specify)					-	1	
					<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b>						<b>b</b>	
С	Subtract line <b>b</b> from line <b>a</b>					-	С	671978.
d	Amounts included on Part I, line 17, be	ut not on line a:						
1	Investment expenses not included on	Part I, line 6b			d1			
2	Other (specify)			<del></del>				
					d2		]	
	Add lines <b>d1</b> and <b>d2</b>					-	d	
	Total expenses (Part I, line 17) Add					<u> </u>	e	671978.
F	art V-A Current Officers,	Directors, Trustees,	, and k	(ey Empl	loyees (⊔	st each person wi	no was a	an officer, director,
		at any time during the year	ar even it			T 7 1		<del>,</del> _
	(A)	(B)			(c)	(D) Contributi		(E)
	Name and address	Title and average h			nsation (If	employee bene		
<u> </u>	vilo Hamilton	per week devoted to p	osition	not paid,	enter -0)	& deferred com	p plans	and other allowances
	oyle Hamilton ocky Mount Va	V Chairman	10		^			
	onnie Montgomery	V Chairman	10		0			
	ocky Mount Va	 Chairman	1.0		^			
	ndy Spencer	Charrilan	10		0	-		
	ocky Mount Va	 Sec-Treas	1.0		^			
RC	ocky Mouric va	Sec-Ileas	10		0			
		<b>-</b>						
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		<del> </del>			<del></del>	<del> </del>		<del></del>
			J			1		

Part VI Other Information (See the instructions)  (a) Name and address  (B) Loans and Advances  (C) Compensation  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (D) Contributions to  (E) Compensation  (D) Contributions		orm 990 (2006) Christian He	ritage Academy		52-12	27635	1_F	age 6
b Are any officers, directors, fusices, or key employees isled in Form 990, Part V-A or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, receives compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, receives compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, receives compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive the instructions of the instruct		Part V-A Current Officers, D	irectors, Trustees, and I	Key Employees (c				
b Are any offices, directors, flustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed or a Schedule A, Part I in things to employee is listed in Schedule A, Part I in the property of the definition of "relations in the interest property" of the instructions of the definition of "relations in the instructions" of the instructions of the definition of "relations in the instructions" of the definition of "relations in the instructions" of the definition of "relations in the instructions" of the definition of "related organization" in "research as a statement that includes the information described in the instructions of the definition of "related organization" in "research as a statement that includes the information described in the instructions of the definition of "related organization" in "research as a statement that includes the information described in the instructions of the instructions for the definition of "related organization" in "research as a statement that includes the information described in the instructions of the definition of "related organization" in "research as a statement that includes the information of scribed in the instructions of the instructions or of the benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation (fin total and entered to the organization to list of the instructions).   (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation  (I) Compensation	75	a Enter the total number of officers, dire	ctors, and trustees permitted to v	ote on organization busin	ess at board			
is leted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or IB. Placetal to describe the individuals and explans the relationship(s)  c Do any officers, directors, trustees, or key employees isted in Schedule A, Part I, or highest compensated professional and other independent contraction listed on Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization. When the instructions for the definition of related organization.  If 'Yes,' attach a statement that includes the information described in the instructions of dipose the organization and written conflict of interest policy?  Part V=B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits  (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (if) not paid, enter -0.)  NONE    Part V  Other Information (See the instructions)		meetings			<b>▶</b> 9	_		-
Part I-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships);  c Do any officers, directors, trustees, or key employaes listed in Form 990, Part V-A, or highest compensated employees listed in Schedula A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization. Yes the instructions for the definition of "related organization at the individual of the indi		<b>b</b> Are any officers, directors, trustees, o	r key employees listed in Form 9	90, Part V-A, or highest co	ompensated employees	ŀ		
the individuals and explares the relationship(s) composition of the property o		listed in Schedule A, Part I, or highest	compensated professional and o	other independent contrac	tors listed in Schedule A,	[		
c Do any officers, directors, fusitese, or key employees isted in Form 990, Part V-A, or highest compensated employees isted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or II-9, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization. If Yes, a taxab a statement that includes the information described in the instructions of Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits  (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year.  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (B) Commensation or other benefits (described below) during the year.  (C) Compensation  (D) Contributions to (E) Expense account of the person of the		Part II-A or II-B, related to each other	through family or business relation	onships? If "Yes," attach a	statement that identifies			1
in Schedule A, Part II-A or injenset compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization?   If Yes, "attach a statement that includes the information described in the instructions of 2 pose the organization have a writent conflict of inferent policy?  To Ther Panel Mission of The II-D organization as a writent conflict of inferent policy?  To Ther Panel Mission of the definition of 1-D organization as a writent conflict of inferent policy?  To Ther Panel Mission of the II-D organization as a writent conflict of inferent policy?  To Ther Panel Mission of the II-D organization as a writent conflict of inferent policy?  To Ther Panel Mission or Or Other Panel Mission or Other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions or Other benefits in the appropriate column or other benefits in the appropriate column. See the instructions or Other benefits in the appropriate column. See the instructions or Other benefits in the appropriate column or other benefits in the appropriate column. See the instructions of (if not paid, enter -0-) & deferred comp plans and other allowances or employee benefit plans and other allowances or employee benefit plans and other allowances or instructions or other benefits in the appropriate column. See the instructions or enter -0-) & deferred comp plans and other allowances or employee benefit plans and other allowances or instructions or other benefits in the appropriate column or employee benefit plans and other allowances or instructions or enter -0-) & deferred comp plans and other allowances or instructions or		the individuals and explains the relation	nship(s)			75 b	ļ	X
or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization ton? See the instructions of the definition of "fetaled organization" at 1"Yes," attach a statement that includes the information described in the instructions of Does the organization have a written conflict of interest policy?    Part V=B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits   (If any former officer, director, trustee, or key employee received compensation or other benefits described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions or other benefits in the appropriate column. See the instructions of (In or park, enter-0-) and other allowances (In or park,		c Do any officers, directors, trustees, or	key employees listed in Form 99	90, Part V-A, or highest co	mpensated employees liste	ed [		
tion? See the instructions for the definition of "related organization" if "Yes," attach a statement that includes the information described in the instructions of Does the organization have a written conflict of interest policy?  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fustee, or key employee received compensation or other benefits (described below) during the year, lest that person below and enter the amount of compensation or other benefits (described below) during the year, lest that person below and enter the amount of compensation or other benefits (described below) during the year, lest that person below and enter the amount of compensation or other benefits (described below) during the year, lest that person below and enter the amount of compensation or other benefits (described below) during the year, lest that person below and enter the amount of compensation or other benefits (described below) during the year, enter-0-). & deferred comp plans (E) Expense account for not person to the person below and enter the amount of compensation or other benefits (described below) during the year, enter-0-). & deferred comp plans of the mistructions (E) Compensation (C)		in Schedule A, Part I, or highest comp	ensated professional and other ii	ndependent contractors lis	sted in Schedule A, Part II-A	\		1
Part VI		or II-B, receive compensation from an	y other organizations, whether ta	x exempt or taxable, that	are related to the organiza-	F		1
Does the organization have a winter conflict of interest policy?  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits  (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, is that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions }  (A) Name and address  (B) Loans and Advances  (C) Compensation  (In ot paid, enter -0-)  8. deferred comp plans  NONE  NONE  NONE  NOTE  Part VI Other Information (See the instructions)  76 Dot the organization make a change in its activities or methods of conducting activities?  If "Yes," attach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a declared murelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," attach a data tax return on Form 990-T for this year?  Was there a fluiduction, dissolution, termination, or substantian contraction during the year? If "Yes," attach a statement of each organization have unreleaded business gross income of \$1,000 or more during the year? If "Yes," attach a declared form 1990-T for this year?  Was there a fluiduction, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement of each of the year? If "Yes," attach a declared or organization when the program or organization intrough common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization in nonexempt Into year?  B If Text direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  B If a Enter direct and indirect political expenditures (See line 81 instructions)					J	▶ 75 c	ļ	X
Part VI Other Information (See the instructions)  Part VI Other Information (See the instructions)  Part VI Other Information (See the instructions)  NONE    See the instructions   Color or mother benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to (E) Expense account (In ot paid, enter -0-)  NONE    None				he instructions				1
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Part VI Other Information (See the instructions)  Part VI Other Information (See the instruction		(A) Name and address	(B) Loans and Advances	· ·				
Part VI Other Information (See the instructions)  76 Did the organization make a change in its activities or methods of conducting activities?  If "Yes," attach a detailed statement of each change  If "Yes," attach a detailed statement of each change  If "Yes," attach a conformed copy of the changes  If "Yes," hat filled a tax return on Form 990-T for this year?  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has if filed a tax return on Form 990-T for this year?  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has if filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement on membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80 a Is the organization the organization and check whether it is exempt or nonexempt organization?  80 a Is a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81 b If the organization file Form 1120-POL for this year?				1 ' '	1 ' ' 1	and other	allow	ances
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b If "Yes," enter the name of the organization  and check whether it is exempt or nonexempt  and check whether it is sample or nonexempt  b Did the organization file Form 1120-POL for this year?	- •		•	•	•	80a	] -	Х
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Form <b>990</b> (2006)			, , <del></del>				990 /	

	n 990 (2006) Christian Heritage Academy 52-12	7635		
	art VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	substantially less than fair rental value?	82a	ļ	X
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount	[		
	as revenue in Part I or as an expense in Part II (See instructions in Part III.)			
83a		83a	X	┦
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<del></del>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<del> </del>	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b	ļ <u>.</u>	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	ļ	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<del>,</del>	<del> </del>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a			1
	waiver for proxy tax owed for the prior year.			1
C	Dues, assessments, and similar amounts from members  85c	-		Ī
d	Section 162(e) lobbying and political expenditures  85d	-		1
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	-{		1
f -	Taxable amount of lobbying and political expenditures (line 85d less 85e)  Base the assessment of lobbying and political expenditures (line 85d less 85e)  85f			Ī
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<del> </del>	· <del> </del>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		1
86		0311	-	-
b	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12  Gross receipts, included on line 12, for public use of club facilities  86a  86b	-		1
87	501(c)(12) orgs Enter a Gross income from members or shareholders  87a	-{		
b.	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them )			1
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			<b>[</b>
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	ĺ	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning			
	of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under			
	section 4911▶, section 4912 ▶, section 4955 ▶			1
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			<b>‡</b>
	a statement explaining each transaction	89b	ļ,	X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			1
_	sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		1	<b>†</b> ,,
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<u> </u>	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	ļ	<u> </u>
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	900	1	X
90a	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  List the states with which a copy of this return is filed	89g	L	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions )  90 b			27
91a	The books are in care of   Cindy Spencer  Telephone no			
J 14	Located at ▶ 625 Glenwood Drive, Rocky Mount, Va ZIP+4▶ 24151			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	1	Yes	No
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b		X
	If "Yes," enter the name of the foreign country			<del></del>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90–22.1</b> , Report of Foreign Bank and Financial			1
	Accounts.			•
		Form	<del>990</del> (	2006)

Form 990 (2006) Christian Her Part VI Other Information (cor		<del></del>			1276351   Y	es No
c At any time during the calendar year, d	d the organizatio	n maintain an office o	outside of the United	d States?	91c	X
If "Yes," enter the name of the foreign of	· —	· · · · · · · · · · · · · · · · · · ·				
92 Section 4947(a)(1) nonexempt charitat	_			i	I	<b>&gt;</b>
and enter the amount of tax-exempt int				▶ 92		
Part VII Analysis of Income-Pi				· · · · · · · · · · · · · · · · · · ·		
Note: Enter gross amounts unless otherwise indicated	(A)	business income	<u> </u>	ction 512, 513, or 514	(E)	
93 Program service revenue	Business code	(B) Amount	(c) Exclusion code	( <b>D</b> ) Amount	Related or e	
a Tuition	code	7 anount		Amount	522,	
b Fees		-	-			246.
c			<del></del>			
d				_ : =::		
e		·				
f Medicare/Medicaid payments						
g Fees and contracts from government						
agencies			_			
94 Membership dues and assessments	<u> </u>					
95 Interest on savings and temporary					_	
cash investments			<del> </del>		2,	307.
96 Dividends and interest from securities						
97 Net rental income or (loss) from						
real estate <sup>.</sup> a debt-financed property	-					
<b>b</b> not debt-financed property	<del> </del>	4,080.	<del>                                     </del>			
98 Net rental income or (loss) from		4,000.	+	<del></del>		
personal property			1 1			
99 Other investment income			+			
00 Gain or (loss) from sales of assets			<u> </u>			
other than inventory			1			
01 Net income or (loss) from special events						
O2 Gross profit or (loss) from sales of inventory						
03 Other revenue a						
b		<del></del> .				
c				,		
d				-		
e Subtotal (add columns (B), (D), & (E))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,080.			E 2 0 F	700
<b>Total</b> (add line 104, columns (B), (D), a	ad (E))	4,000.	<u> </u>		538,7 542,7	
lote: Line 105 plus line 1e, Part I, should equ		line 12 Port I		<b>-</b>	342,	102.
Part VIII Relationship of Activit	ies to the Ac	complishment	of Exempt Pur	DOSES (See the instru	ctions )	
Line No. Explain how each activity for wi						the
▼ organization's exempt purposes				<b>,</b>		
3-105All revenue is u	sed to f:	inance the	ongoing s	chool opera	tions. A	<del>1</del> 11
3-105 funds are used t	o cover e	expenses n	ecessary f	or the educa	ation of	-
3-105the students.			-			
Part IX Information Regarding 1						
Name, address, and EIN of corporation.	( <b>B</b> ) Percentage	of Nature of	c) activities	( <b>D</b> ) Total income	( <b>E</b> ) End-of-ye	ar
partnership, or disregarded entity	ownership ir				asséts	
	+	%				
	<del>-</del>	%				
		%				
Part X Information Regarding	ransfers Ass		ersonal Repet	it Contracts (Son th	e instructions \	
(a) Did the organization, during the yr, rece						X No
(b) Did the organization, during the year, pa						No No
	, ,					

Rev 1

	controlling organization as defined i	ansfers To and From Control n section 512(b)(13).				
106	Did the reporting organization make any trai	nefore to a controlled entity as defined	in eastern E12/h\/12\ of the Con	4-0	Yes	No
100	If "Yes," complete the schedule below for ea		In section 512(b)(13) of the Cod	1e ?		X
	(A)	(B)	(c)	(0)	)	L
1	Name, address, of each	Employer Identification	Description of	Amount o	f trans	sfer
$\dashv$	controlled entity	Number	transfer			
a						
b						
С						
L	Totals					
					Yes	No
107	Did the reporting organization <b>receive</b> any triff "Yes," complete the schedule below for ea		fined in section 512(b)(13) of the	Code?		
$\neg \tau$	(A)	(B)	(c)	(D	<u> </u> і	l
	Name, address, of each	Employer Identification	Description of	Amount of		fer
	controlled entity	Number	transfer			
	-					
а						
+						
ь						
					•••••	
С						
						_
	Totals					
		<u> </u>			Yes	No
	Did the organization have a binding written co		overing the interest, rents, royali	ties,		
	and annuities described in question 107 abov					
		that I have examined this return, include true, correct, and complete. Declarati			to the	:
Plea			on of preparer (other than office	i) is based on all		
Sigr						
Her		rly	12	-10-08	7	
iCi v	✓ Signature of officer	200111515	Date			
	DAVID MCCAR	TY, BUSINESS	MANAGER			
	Type or print name and title	·····				
:	Preparer's signature	Date 12/13/20		trer's SSN or PTIN (See ( 29 - 56 - 987)		t X)
aid repa		Accounting	07 employed ► X 2	<u> </u>	<u> </u>	
Jse O	· · · · · · · · · · · · · · · · · · ·	Main Street	EIN ▶5·	4-0886268		
		Mount VA 24151-	Phone no	<del>-</del>	-128	36
	<del></del>					2006)

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No 1545-0047

Name of the organization Christian Heritage Academy			E	mployer identification 52-127635	
Part I Compensation of the Five Hi		Other Tha	an Offi		
(See the instructions List each one If the				, ,	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	ensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					anovarioes_
Total number of other employees paid over				<u> </u>	<u> </u>
Part II-A Compensation of the Five Hi	shoot Doid Indonessiont	Control		- D4	· · · · · · · · · · · · · · · · · · ·
Part II-A Compensation of the Five Hi (See the instructions. List each one (wh					ervices
(a) Name and address of each independent contract				of service	(a) Componentia
NONE	tor paid more than \$50,000		<b>ы</b> ) туре	oi service	(c) Compensation
	<del>-</del>				
Total number of others receiving over \$50,000 for professional services					
Part II-B Compensation of the Five High					<b>S</b>
(List each contractor who performed ser firms. If there are none, enter "None." Se		vices, wheth	er individ	duals or	
(a) Name and address of each independent contract			b) Type	of service	(c) Compensation
NONE	en para mara aran da ajada	,	-, . <u>,</u>	01 0011100	(e) compensation
Total number of other contractors receiving over			<del></del>		
50,000 for other services					
or Paperwork Reduction Act Notice, see the Instruc	tions for Form 990 and Form 9	90-E7		Schedule A (Form 9	30 or 990-E7\ 2006

Pa	Statements About Activities (See the instructions )	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?	<u> </u>	x
b	Lending of money or other extension of credit?	<u> </u>	x
c	Furnishing of goods, services, or facilities?	<u> </u>	x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		x_
e	Transfer of any part of its income or assets?		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)  3a	Х	
b	Did the organization have a section 403(b) annuity plan for its employees?		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement  3c		х
ď	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		x
4a	Did the organization maintain any donor advised funds? If, "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		x
b	Did the organization make any taxable distributions under section 4966?		х
С	Did the organization make a distribution to a donor, donor advisor, or related person?  4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

		Reason for Non-Priv	vate Foundation	Status (See the instructions	)		
cert <b>5</b>	tify t	that the organization is not a private A church, convention of churches,			licable box.)		
;	<u> </u>	A school. Section 170(b)(1)(A)(ii)	(Also complete Part \	<b>/</b> )			
,	П	A hospital or a cooperative hospital	al service organization	Section 170(b)(1)(A)(iii)			
3	П	A federal, state, or local governme					
)		A medical research organization of and state ▶			1)(A)(III) Enter	the hospital's	name, city,
		An organization operated for the be		university owned or operated by a	a governmental	unit Section 17	70(b)(1)(A)(ıv).
		An organization that normally rece Section 170(b)(1)(A)(vi) (Also com			ntal unit or from	the general pub	olic
		A community trust. Section 170(b)	(1)(A)(vı) (Also comp	olete the <b>Support Schedule</b> in Pa	art IV-A)		
		An organization that normally received receipts from activities related to its support from gross investment incoorganization after June 30, 1975.  An organization that is not controlled requirements of section 509(a)(3).  Type I  Type II	s charitable, etc., fundome and unrelated bu Gee section 509(a)(2) ed by any disqualified Check the box that d	ctions - subject to certain exceptions is subject to certain exceptions is subject to certain exceptions is subject to certain exception in complete the <b>Support Sc</b> I persons (other than foundation in	ons, and (2) no tion 511 tax) fro hedule in Part I managers) and organization	more than 33 m businesses a IV-A.)	1/3% of its acquired by the
_		Provide the follow	lowing information	about the supported organizati	ione (See the I	netructione \	
	me(:	(a) e(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization	(4	d) upported	(e)
			number (214)	(described in lines 5 through 12 above or IRC	in the su organization	pporting	Amount of support
			number (EIN)	5 through 12	in the su organization	pporting on's gover-	
			number (EIN)	5 through 12 above or IRC	in the su organization ning doc	pporting on's gover- uments?	
			number (EIN)	5 through 12 above or IRC	in the su organization ning doc	pporting on's gover- uments?	
			number (EIN)	5 through 12 above or IRC	in the su organization ning doc	pporting on's gover- uments?	
			number (EIN)	5 through 12 above or IRC	in the su organization ning doc	pporting on's gover- uments?	
al			number (EIN)	5 through 12 above or IRC	in the su organization ning doc	pporting on's gover- uments?	

Schedule A (Form 990 or 990-EZ) 2006

governing instrument or in a resolution of its governing body?  Does the organization include a statement of its causily nondiscriminatory policy toward students in all its prochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  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 flow more to all parts of the general community it serves?  Hives, "please describe, if "No," please explain (if you need more space, attach a separate statement) Add v. In the Franklin News Post, the only general circulation in Franklin County where the school is located appeared in the 7/21/07 issue  Does the organization maintain the following a Records indicating the recal composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other trinshcal assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brotines, amnouncements, and other written communications to the public dealing with student admissions, programs, and scholarships?  Gopies of all material used by the organization or on its behalf to solici contributions?  If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  33. Does the organization discriminate by race in any way with respect to  Employment of faculty or administrative staff?  33. Athletic programs?  13. Other extracumicular activities?  If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)  34. Employment of faculty or administrative staff?  34. Check the organization receive any financi	F	Private School Questionnaire (See the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
30 Does the organization include a statement of its racially nondocomminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  11 Has the organization publicized its racially nondocomminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period of she are oscilectation program, in a way that makes the policy known to all parts of the general community it serves?  11 "Yes," please describe, if No, 'please explain (if you need more space, attach a separate statement) Add v 1n the Franklin County where the school is located appeared in the 7/21/07 issue  20 Does the organization maintain the following 21 Records documenting that scholarships and other financial assistance are awarded on a racially nondocomminatory basis?  22 Records documenting that scholarships and other financial assistance are awarded on a racially nondocomminatory basis?  23 Records including the racial composition of the student body, faculty, and administrative stati??  24 Records documenting that scholarships and other financial assistance are awarded on a racially nondocomminatory basis?  25 Does the organization discriminate by the organization or on its behalf to solicit contributions?  26 If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  27 Does the organization discriminate by race in any way with respect to  28 Students' rights or privileges?  29 Admissions policies?  29 Admissions policies?  29 Admissions policies?  20 Use of facilities?  20 Use of facilities?  21 Use of facilities?  22 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement.)  29 Attachment policies?  29 Attachment policies?  20 Does the organization rise right to such a dever been revoked or suspended?  20 If you answered "Yes" to either 34a or b, please explain	29			Yes	No
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scholarships?  31 Has the organization publicized its racially nondscriminatory 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?  11 "Yes: Place describer," 4" (if you need more space, attach a separate statement) Adv in the Franklin News Post, the only general circulation in Franklin Country where the school is located appeared in the 7/21/07 issue  22 Does the organization maintain the following  a Records indicating the racial composition of the student body, faculty, and administrative staff?  Becords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  32 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  32 Copies of all material used by the organization or on its behalf to solicit contributions?  33 If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  34 Scholarships or other financial assistance?  35 Employment of faculty or administrative staff?  36 Scholarships or other financial assistance?  37 Employment of faculty or administrative staff?  38 Educational policies?  39 Athletic programs?  40 Other extracumcular activities?  41 Use of facilities?  42 Athletic programs?  43 Athletic programs?  44 Does the organization receive any kinancial and or assistance from a governmental agency?  45 Has the organization's right to such ad ever been revoked or suspended?  46 If you answered "Yes" to either "Aa or p, please explain using an attached statement.	30		[		
31 Has the organization publicized its recally nondescriminatory 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 pelicy known to all parts of the general community it serves? If Yes,* please describe, if 'No,* please explain (If you need more space, attach a separate statement)  Adv in the Franklin News Post, the only general crirculation in Franklin Country where the school is located appeared in the 7/21/07 issue  32 Does the organization maintain the following  a Records indicating the recal composition of the student body, faculty, and administrative staff?  Becords documenting that scholarshps and other financial assistance are awarded on a racially nondescriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarshps?  c Copies of all interial used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)  Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  d Wile of facilities?  336		· · · · · · · · · · · · · · · · · · ·			1
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, "for," please explain (if you need more space, attach a separate statement)  Adv in the Franklin News Post, the only general circulation in Franklin Country where the school is located appeared in the 7/21/07 issue  Does the organization maintain the following  Records indicating the raceal composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racelly nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  33a X  Scholarships or other financial assistance?  53b Admissions policies?  4 Admissions policies?  53c Attach a separate statement.)  Cemployment of faculty or administrative staff?  53c Attach a separate statement.)  Advision of faculty or administrative staff?  53c Attach a separate statement.)  Advision of faculty or administrative staff?  53d Attach a separate statement.)  Advision of faculty or administrative staff?  53d Attach a separate statement.)	21	·	30	X	ļ
the policy known to all parts of the general community it serves?  If "Yes," please describer, if "No, please explain, (if you need more space, attach a separate statement)  Adv in the Franklin News Post, the only general circulation in Franklin County where the school is located appeared in the 77/21/07 issue  2 Does the organization maintain the following  a Records indicating the racial composition of the student body, faculty, and administrative staft?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  33 Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  5 Admissions policies?  5 Educational policies?  6 Educational policies?  7 Use of facilities?  8 Athletic programs?  8 Athletic programs?  9 Athletic programs?  1 Use of facilities?  1 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)  1 If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)  1 A X  1 A X  1 Does the organization receive any financial and or assistance from a governmental agency?  3 A B A B A B B A C B B A B B A A B B B A A B B B A B B B A B B B A B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B B A B B A B B B A B B B A B B B A B B B A B B B A B	JI	· · · · · · · · · · · · · · · · · · ·	•		]
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a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  33 Dees the organization discriminate by race in any way with respect to  a Students' rights or privileges?  53 Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  33 Athletic programs?  h Other extracurricular activities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement.)  34 Does the organization receive any financial and or assistance from a governmental agency?  44 X  45 Bas the organization receive any financial and or assistance from a governmental agency?  45 Bas the organization is right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34a or b, please explain using an attached statement.		the 7/21/07 issue			[
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b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)  33 Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  33			222	v	Ē
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35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	Þ	·	34Ь		<u>X</u>
		ii you answered i tes ito either 34a or b, please explain using an attached statement.		1	
	35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		1	
			35	х	

35 X Schedule A (Form 990 or 990-EZ) 2006

			os by Floating Bubli		<u>,.                                    </u>			12/	6351 F	age
			es by Electing Publi an eligible organization that		See the	instructions)				
Ch		ganization belongs to a			ıf vou ch	ecked " <b>a</b> " an	d "limited	d control"	Drovisions a	
_			ying Expenditures		,,,,,,,,,,	(a)			(b)	<u></u>
	(The to		ans amounts paid or incurre	ed )		Affiliated tota		f	be complet or <b>all</b> electin organization	g
36			c opinion (grassroots lobby		36	tota	13		organization	<del>-</del> _
			islative body (direct lobbyin	•	37			<del>-  </del> -	<del></del>	
	Total lobbying expendi		•	5/	38					
	Other exempt purpose	,	· ,		39					
	Total exempt purpose	•	s 38 and 39)		40					
	Lobbying nontaxable a		······································			······································				
	If the amount on line		The lobbying nontaxable	amount is -						
	Not over \$500,000		20% of the amount on line							
	Over \$500,000 but not	over \$1,000,000	\$100,000 plus 15% of the excess of	over \$500,000						
	Over \$1,000,000 but n	ot over \$1,500,000	\$175,000 plus 10% of the excess of	over \$1,000,000	41					
	Over \$1,500,000 but n	ot over \$17,000,000	\$225,000 plus 5% of the excess ov	rer \$1,500,000						
	Over \$17,000,000		\$1,000,000							
42	Grassroots nontaxable	amount (enter 25% of	line 41)	_	42					
43	Subtract line 42 from lii	ne 36 Enter -0- if line 4	12 is more than line 36		43					
44	Subtract line 41 from III	ne 38 Enter -0- if line 4	11 is more than line 38		44					
						· · · · · · · · · · · · · · · · · · ·				
	Caution: If there is an		3 or line 44, you must file F							
		4-Yea	r Averaging Period	Under Section	on 501	(h)				
	(Some or	ganizations that made	a section 501(h) election do	not have to com	nplete all	of the five col	umns be	low.		
			See the instructions for li	nes 45 through 50	0.)					
			Lobbying Expend	ditures During 4	-Year A	veraging Pe	riod			
	lendar year (or fiscal	(a)	(b)	(c)		(d)			(e)	
ye	ar beginning in) ▶	2006	2005	2004		200	3		Total	
45	Lobbying									
	nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying					-33247711				
	expenditures									
48	Grassroots									
	nontaxable amount									
73	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		ving Activity by	Nonelecting Public	Charities						
			ations that did not complete		the instri	uctions )				
Duri			luence national, state or loc			v		1		
		·	matter or referendum, throu	•		'  \	'es No	'	Amount	
а								1		
ь							X	1		
c								7		
d								_		
e		shed or broadcast state				-	X	<del>-  </del>	<del></del>	
f		izations for lobbying pu					$\frac{1}{X}$	-		
g	<del>-</del>		overnment officials, or a legi	slative body		+	$\frac{1}{X}$	1		
h		-	ons, speeches, lectures, or	•			$\frac{\pi}{X}$			
i		ditures (Add lines c thro	•	, calor mound		-	/	+		
			atement giving a detailed de	scription of the lo	obbyina a	ــــ ictivities				

# Schedule A(Form 990 or 990-EZ) 2006 Christian Heritage Academy 52-1276351 F Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions )

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

	the Code (other than section	on 501(c)(3) orga	ınızations) or ın section 527, relatınç	g to political organizations?				
а	Transfers from the reporting	g organization to	a noncharitable exempt organization	on of		Yes	No	
	(i) Cash				51a(i)		X	
	(ii) Other assets				a(ii)		X	
ь	Other transactions							
	(i) Sales or exchanges of assets with a noncharitable exempt organization							
	(ii) Purchases of assets from	om a noncharita	ble exempt organization		b(ii)		X	
(	(iii) Rental of facılıtıes, equ	pment, or other	assets		b(iii)		X	
	(iv) Reimbursement arrang	-			b(iv)		X	
	(v) Loans or loan guarante				b(v)		X	
			p or fundraising solicitations		b(vi)		X	
			s, other assets, or paid employees		С	-	X	
		_		olumn (b) should always show the fair marke		f the		
				anization received less than fair market value			tion	
			) the value of the goods, other asse					
(a)	(b)		(c)	(d)				
Line no		Name of no	ncharitable exempt organization	Description of transfers, transactions, & s	haring ar	ranger	nents	
	<del></del>	-						
		<del></del>						
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	<del>                                     </del>							
_	<u> </u>		····					
		-		ax-exempt organizations described in	п.,	53		
			501(c)(3)) or in section 527?	. •	∐ Yes	X	No	
b If *	Yes," complete the following	ng schedule.		T				
	(a)		(b)	(c)				
	Name of organization	n	Type of organization	Description of relationsh	ıip			
	<del></del>							
	<del></del>	<del></del>						
		<del></del>	<u> </u>					
	<del></del>			<del></del>				
		<del></del>		<del> </del>				
			L	Sahadula A (Farm	000 0	20 57	2000	

Rev 1

BCA

51

#### OMB No 1545-0172 Form 4562 **Depreciation and Amortization** 2006 (Including Information on Listed Property) Attachment Department of the Treasury ► See separate instructions. ► Attach to your tax return. Internal Revenue Service Sequence No 67 Name(s) shown on return Business or activity to which this form relates Identifying number Christian Heritage Academy Christian School 52-1276351 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2006 17 41,37418 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property		lassification of property  (b) Month and year placed in (business/investment use only - see instructions)		(d) Recovery period	(e) Conver		(f) Metho	od	(g) Depreciation deduction
19a	3-year property					Ì			
b	5-year property								
¢	7-year property								
d	10-year property								
е	15-year property								
f	20-year property		<del></del>						
g	25-year property			25 yrs			S/L		
h	Residential rental		<u>-</u>	27 5 yrs	MN	1	S/L		
	property			27.5 yrs	MN	1	S/L		
i	Nonresidential real	06/2007	4,651.	39 yrs.	MN	1	S/L		118
	property				MN	1	S/L		
	Section C-As	sets Placed in Se	rvice During 2006 Tax	Year Using the	Alternati	ve Depr	reciation	Syste	m
0a	Class life						S/L		
b	12-year			12 yrs			S/L		
С	40-year			40 yrs.	MN	1	S/L		
Par	t IV Summary (see instr	uctions)	_						
1	Listed property Enter amou	nt from line 28						21	
2	Total. Add amounts from lin	e 12, lines 14 throu	gh 17, lines 19 and 20 in	column (g), and	line 21				
	Enter here and on the approp	İ	22	41,492.					
3	For assets shown above and								
	portion of the basis attributati		-		23			F	

## Form **8868**

(Rev December 2006)

# Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenu	•		► File a sep	arate application	for each return				
		Automatic 3-Month E	xtension, comple	te only Part I and	d check this hox	<del></del>			▶ X
					te only Part II (on page	2 of this fa	orm)		- 14
					th extension on a previous				
		-Month Extension of				, ,			
			,	3 (					
Section 501	(c)(3) corpora	itions required to file For	m 990-T & request	ing an automatic	6-month extension - che	eck this bo	x and comp	lete Part I only	y <b>▶</b> ∏
All other cor	porations (inc	luding 1120-C filers), pa	rtnerships, REMIC	s, and trusts mus	t use Form 7004 to requ	ıest an ext	tension of tir	ne	
to file incom	e tax retums								
Electronic l	Filing (e-file	). Generally, you can ele	ctronically file Forr	n 8868 if you wan	it a 3-month automatic e	xtension o	of time to file	one of the re	turns
					However, you cannot fi				
the additiona	al (not automa	itic) 3-month extension	or (2) you file Form	s 990-BL, 6069, c	or 8870, group returns, o	r a compo	site or cons	olidated Form	1990-T
Instead, you	must submit	the fully completed and	signed page 2 (Pa	rt II) of Form 8868	3. For more details on th	e electroni	ic filing of th	is form, visit	
		ck on e-file for Charities	and Nonprofits		<u> </u>				
Type or print		xempt Organization						identificatio	n number
File by the		stian Herita	<del></del>				52-12	76351	
due date for		treet, and room or suite		ee instructions.					
filing your return See		Glenwood Dri				<del></del> .			
instructions		or post office, state, and Y MOUNT VA 2		oreign address, se	ee instructions.				
Check type	<del></del>	be filed (file a separate		ch return)	<del></del>				
X Form		(o a oopalate	Form 990-T (c	•		Пв	Form 4720		
H	990-BL		<b>⊢</b> `	sec 401(a) or 408	(a) trust)	$\vdash$	Form 5227		
Form	990-EZ			rust other than ab		⊢	orm 6069		
Form	990-PF		Form 1041-A		•		orm 8870		
<ul><li>The boo</li></ul>	ks are in the	care of ▶ Cindy	Spencer				_		
Telepho	ne No. 🕨 _		FAX N	No ▶					_
		es not have an office or							▶ [_]
		turn, enter the organizat						whole group,	
	ox ▶ ∐ If it	is for part of the group,	check this box	and attach	a list with the names and	d EINs of a	all members	the extension	ı
will cover	<del></del>	0 " (0 " )							
f I request					ured to file Form 990-T)				
0.000,000	tion's return t		, to file the exer	npt organization r	eturn for the organizatio	n named a	above ine	extension is to	or the
	aichdar year av vear henir	20 or nning	.Tul 01	20 06 , an	nd ending		.Tiii	n 30,20	0.7
, G ,	ax your bog.	<u>.</u>		, 41				11 30,20	<del>•</del> ·
2 If this tax	vear is for le	ess than 12 months, che	ck reason:	Initial return	Final return C	hange in a	accounting p	period	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		roadon			mango c	200009 1	,0,1,00	
a If this ap	plication is fo	r Form 990-BL, 990-PF,	990-T, 4720, or 60	069, enter the tent	ative tax, less any nonre	efundable	<u> </u>		
	See instructio			•	,		3	a \$	
b If this ap	plication is fo	r Form 990-PF or 990-T	enter any refunda	ble credits and es	stimated tax payments m	nade Inclu			
		yment allowed as a cred			_		L L	ь \$	
c Balance	Due. Subtra	ct line 3b from line 3a	nclude your payme	ent with this form,	or, if required, deposit v	vith FTD co	oupon		
or, if requ	uired, by usin	g EFTPS (Electronic Fe	deral Tax Payment	System) See ins	structions		3	c \$	
Caution. If ve	ou are doing	to make an electronic fi:	nd withdrawal with	this Form 8868	see Form 8453-EO and	Form 8870		ment instruct	ions
or Privacy	Act and Pap	erwork Reduction Act	Notice, see Instr	uctions.			Forr	n <b>8868</b> (Re	v 12-2006)