

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

**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)

2008 Open to Public

mier	mai Revenue	Service	The organization may have to use a copy of this return to satisfy state		ulrements	Inspection
<u>A</u>	For the 200	8 calendar y	ear, or tax year beginning $7/01/08$ , and ending $6/30/0$	9		
В	Check if applica		C Name of organization		D Emp	loyer identification number
П.	Address change	use IRS	FRONT RANGE CHRISTIAN SCHOOL	<u>L</u>	l i	-
二	-	label or print or	Doing Business As		84	-1261601
님	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		phone number
	Initial return	See	6657 WEST OTTAWA AVENUE	A17		0-922-3269
$\Box$	Termination	Specific		RI,	T	0 500 0-4
$\equiv$		Instruc-	City or town, state or country, and ZIP + 4		G Gross red	ceipts \$ 3,783,871
닏	Amended return		LITTLETON CO 80127-4500			
Ш	Application pen	<sub>ding</sub> F Nam	e and address of principal officer		H(a) Isthi	s a group return for
					affilia	
					H(b) Are a	ded? Yes No
					If "No	o, attach a list. (see instructions)
L	Tax-exempt	status X	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527			
J	Website:	- WWW .	FRCS.ORG		H(c) Grou	p exemption number
ĸ	Type of organiz	ation X Co	rporation Trust Association Other L	Year of formation		M State of legal domicile
	art I	Summa				
			the organization's mission or most significant activities			
	1	-	NGE CHRISTIAN SCHOOL'S MISSION IS DEDICATED TO	TNOTOTIC	TTNC AN	TD.
Š						
Activities & Governance	1	_	G CHILDREN FOR LIFE LONG LEARNING AND FOR MINI	STERING	CHRIST	S
/en			VE LOVE TO A FALLEN WORLD.			
9	_	ck this box		25% of its as	sets	1
ಹ	3 Num	ber of voting	g members of the governing body (Part VI, line 1a)		3	11
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	9
Ϋ́	5 Tota	I number of	employees (Part V, line 2a)		5	111
ĆĖ	6 Tota	I number of	volunteers (estimate if necessary)		6	200
•		gross unre	7a	-12,122		
		•	siness taxable income from Form 990-T, line 34		7b	-9,318
_	<u> </u>		omedo taxasio modifici manti otto 1, milio o 1	Prior		Current Year
	8 Cont	ributions an	d grants (Part VIII, line 1h)	4	79,047	196,373
Ę	I	ram service	36,031	2,796,851		
Revenue	_		18,945			
æ			me (Part VIII, column (A), lines 3, 4, and 7d)	67,007		
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
—	T		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,9	01,030	3,183,333
	13 Gran	its and simil	Part IX, column (A), lines 1-3)			
			or for members (Part IX codumn (A), line 4)			
S	15 Sala	ries, officer c	<u>30,186</u>	2,467,272		
JS(	16a Profe	essides fun	draising rees (Perillx, cournn (A), line 11e)			
Expenses	<b>b</b> Tota	l fundraising	expenses (Part IX, column (D), line 25)  118,033		_	į
ω	17 Othe		(Rear) X = Quimp (A); miles 11a-11d, 11f-24f)	1,3	79,145	1,197,597
		1 — — .	Add lines 13-17 (must equal Part IX, column (A), line 25)	3,7	09,331	3,664,869
)			penses Subtract line 18 from line 12		91,699	
5 8				Beginnin		End of Year
Net Assets or Fund Balances	20 Tota	l assets (Pa	rt X, line 16)	12,1	22,035	11,514,088
Ass	21 Tota	•	Part X, line 26)		64,508	
S.E	22 Net :	•	nd balances Subtract line 21 from line 20		57,527	
	art II		re Block		<u></u>	
÷	uit ii		ties of perjury, I declare that I have examined this return, including accompanying schedule:	and statement	n and to the h	act of my kamuladas
		and belief, if	istrue correct, and couplete. Declaration of preparer (other than officer) is based on all interest in the correct and couplete.	ormation of white	ch preparer ha	est of my knowledge
O:.					1	
Sig		<b>—</b>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
He	re	Signatu	pe of officer		Date	- / / -
			Brian W. Meek, President			1/19/08
		Type or	print name and title			
_		Preparer's	Date		ck if	Preparer's identifying number
Pa		signature	JASON D. ADAMS, CPA 1/0	6/10 self-	oloyed	(see instructions)
	eparer's		POYSTI & ADAMS, LLC	-, -0 6/11/2		
Us	e Only	Firm's name	ACC C COLODADO BILID CHE COO		EIN	
	-	if self-emplo address, an	1/1		Phone	303-733-3796
					no	
			eturn with the preparer shown above? (see instructions)			Yes No
DAA	For Priva	acv Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2008)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

Form **990** (2008)

3,209,709 (Must equal Part IX, Line 25, column (B))

including grants of \$

(Expenses \$

4e Total program service expenses ▶ \$

**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	_		3.0
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<del>-</del>		
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	ļ		
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		
10	complete Schedule D, Part IV	9		X
11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	X	
''	Parts VI, VII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	11	•	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	v	_ <b>X</b> _
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes." complete Schedule G. Part III	18	Х	x
20	Did the organization report more than \$15,000 on Part VIII, line \$2 in Test, complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		$\frac{\mathbf{x}}{\mathbf{x}}$
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
د	to defease any tax-exempt bonds?  Did the ergonization act as an "on behalf of" issuer for bonds outstanding at any time durant the year?	24c		X
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	204		
~	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>x</u>
		_	000	

**Checklist of Required Schedules (continued)** 

No

X

X

X

X

X

X

X

X

X

X

X

Yes

28a

28b

28c

29

30

31

32

33

34

35

36

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee-Have a direct business relationship with the organization (other than as an officer, director, trustee, or

employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes." complete Schedule L.

Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L. Part IV

Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

X Form **990** (2008)

Г	Statements Regarding Other IRS Filings and Tax Compliance			<del> </del>			
1.	Enter the number reported in Rev. 2 of Form 4000. Applied Superior and Transmitted of		•	_	_	Yes	No
1a	,	.	20				ĺ
ь	U.S. Information Returns. Enter -0- if not applicable	1a	0				ĺ
-	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b					ĺ
С		portabl	E			x	
20	gaming (gambling) winnings to prize winners?	1 1			1c		<u> </u>
Zā	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	111	:			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			2b	<b>X</b> -	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin				20		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)						l
3a		d by			- 1		
Ja	this return?	u by		[-,	3a	<b>X</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ıtv	<u> </u>	35		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		-				
	account)?	anoran		1,	4a		x
ь	If "Yes," enter the name of the foreign country						
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank		į			
	and Financial Accounts						l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	*	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?				5c		
6a	Did the organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or					
	gifts were not tax deductible?				6ь		
7	Organizations that may receive deductible contributions under section 170(c).				İ		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than					
	\$75?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as					
	required to file Form 8282?	r 1	1	<u> </u>	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					l
е		ersona	al				
_	benefit contract?			_	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			_	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<del>  -</del>	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as		1.			v
	required?	tio-		<del>                                     </del>	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec			}			*
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor organization, have excess business holdings at any time during the year?	isuning			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				•		
-	Did the organization make any taxable distributions under section 4966?				 9a		X
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			<del></del>	9b		X
10	Section 501(c)(7) organizations. Enter			<del> </del>	30		-
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter	00	L		l		ĺ
''	Gross income from members or shareholders	11a					1
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
_	amounts due or received from them )	116					1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
					_		

120	boes the diganization have a written connect of interest policy? If 140, go to line 15	14a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this is done	12c	<u> </u>	X
13	Does the organization have a written whistleblower policy?	13	L	X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		_	
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," 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			1

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ THE ORGANIZATION

6657 WEST OTTAWA AV

the organization's exempt status with respect to such arrangements?

CO 80127

720-922-3269

LITTLETON

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the o	rganization did not compe	nsate	e an	y off	сег,	dire	ctor,	trustee, or key employee		
(A)	(B)	_			C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	a Key employee	a Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BRIAN MEEK PRESIDENT		x		x				92,100	0	0
MIKE DURYEA		-		^	╁	-	┢	32,100		
CHAIRMAN		x						0	o	0
KATHLEEN SHE	RMAN					1	┢			
SECRETARY		X			1			0	0	0
DAN BLANCHAF	D									
VICE CHAIR		X		<u> </u>	<u> </u>	L	$oxed{oxed}$	0	0	0
CHRIS COURTS	EY									
MEMBER		X		<u> </u>	<u> </u>	ļ.,	Ь	0	0	0
TONY KASPARI								•		•
MEMBER  JANE FISHER		X	-	<u> </u>	╁	⊢	├-	0	0	0
MEMBER		x						0	o	0
JOHN HUTH				$\vdash$	$\vdash$		-			
MEMBER		x						0	0	0
RICK VASQUEZ										
MEMBER		X	<u> </u>	L	_	<u> </u>	<u> </u>	0	0	0
TED SNAILUM										
MEMBER		X	-	<u> </u>	<del> </del> —	-	₩	0	0	0
•							ļ			
	· · · · · · · · · · · · · · · · · · ·	$\vdash$	<u> </u>	$\vdash$	十	1-				
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		<u> </u>		<u> </u>	↓_	_	$oxed{oxed}$			
					1					
		1		l	1	1	1			

Par	t VII Section A	. Officers, Directors, Trus	stees	s, Ke	y En	nplo	yees	, an	d Highest Compensated I	Employees (continued)	
	(A) (B) Name and title Average Position (					all t	_		(D) Reportable	(E) Reportable	(F) Estimated
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	<del></del>	-					_				
							_				
					-						
				-							
1b 2		ividuals (including those in	1a)	who	rece	ived	l mor	► e tha	92,100 an \$100,000 in reportable of		
	organization ▶ 0	list any former officer du	ecto	r or t	ruste	ee. k	ev e	olam	oyee, or highest compensa	ted	Yes No
4	employee on line 1a For any individual lit the organization and	a? If "Yes," complete Sche sted on line 1a, is the sum	dule of re	J for	suc able	h ind	dividi ipeni	ial satio	on and other compensation s," complete Schedule J fo	from	3 X
5	individual  Did any person liste services rendered to	ed on line 1a receive or acc o the organization? If "Yes	rue (	com <sub>l</sub>	pens te S	atioi chec	n fror	n an J for	ny unrelated organization fo such person	or	5 X
Sec 1	Complete this table	for your five highest comp	ensa	ited	ındej	pend	dent (	cont	ractors that received more	than \$100,000 of	
	compensation from	(A) Name and business address							Descrip	(B) otion of services	(C) Compensation
	<del></del>				_						
								-			
							<del></del>				
2 DAA	Total number of ind compensation from		uding	tho	se ir	י (1 ו	who	rece	ived more than \$100,000 in	n 	0 Form <b>990</b> (2008)

<u>Pa</u>	rt V	III Statement of Rev	enue						
,						(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
							function revenue	revenue	under sections 512, 513, or 514
st st	1a	Federated campaigns	1a						
ra	ь	Membership dues	1b						!
s, g	С	Fundraising events	1c					1	I
gift	d		1d						ı
S,E	e	Government grants (contributions)	1e						ı
tion	f	All other contributions, gifts, grants,				:			
the	•	and similar amounts not included above	1f	19	96,373				:
	я	Noncash contributions included in lines 1			7,000				1
3 ಕ	h	Total. Add lines 1a-1f	υ-II Ψ		.,	196,373			'
Program Service Revenue   Contributions, gifts, grants		Total Not into 14 11			Busn. Code	200,000			
en l	2a	TUITION			Dusii. Code	2,485,126	2,485,126		<del></del>
Re	b	REGISTRATION				182,640			
<u>8</u>	c	SPECIAL ASSESSMENT				129,085	129,085		
eΓ	d	SPECIAL ASSESSMENT				223,003	125,003		
S	٥								
gra	•	All other program service rev	00110						
Pro		· ·	enue	l		2,796,851			
_	9	Total. Add lines 2a-2f		da intoro		2,190,031		<del></del>	<u>'</u>
	3	Investment income (including other similar amounts)	dividen	us, intere	si, and	3,404			3,404
		Income from investment of ta		st bond no	oooodo N	3,404			3,101
	4	Royalties	ıx-exem	ot bona pi	oceeus -			····	
	5	(i) Real		(w) P(	ersonal				
	6-		,011	(11) F	EISONAI				
	6a		,133						
	b		,122						
	C	, . <del></del>	,122			-12,122		-12,122	
	d 7a	Net rental income or (loss) Gross amount from		(11)	Other	-12,122		-12,122	
	_	sales of assets (i) Security	es	(11)					ı
		other than inventory			2,300	3.8	****		
	b	Less cost or other							*
		basis & sales exps		—	0 200				
	_	Gain or (loss)			2,300	2 200		20 - 100m - 1 - 1	2 200
	d	Net gain or (loss)	Г			2,300			2,300
0	8a	•	rents						
'n		(not including \$	,					•	
eve		of contributions reported on line 1			104 500				ı
Š	_	See Part IV, line 18	a		104,583	1	,		
Other Revenu	þ	Less direct expenses	, b[		17,405	**************************************			07 170
0	C	Net income or (loss) from fur		events	<u> </u>	87,178			87,178
	9a	Gross income from gaming activit							
		See Part IV, line 19	a						
		Less. direct expenses	ь[						<del></del>
		Net income or (loss) from ga	- г	ivities					<del></del>
	10a	Gross sales of inventory, less	S						ì
	_	returns and allowances	a l						1
		Less. cost of goods sold	βĹ						
	С	Net income or (loss) from sa	_	entory	<u> </u>				
		Miscellaneous Reveni	ne		Busn. Code				
	11a	OTHER INCOME		į		59,937	59,937		
	b	HOT LUNCH				50,208		-	
	С	NON UBIT COMPONENTS	PIERCE	ST		-796	-796	-	· · · · · · · · · · · · · · · · · · ·
		All other revenue		}	L				
	е	Total. Add lines 11a-11d			•	109,349		-	
	12	Total Revenue. Add lines 1h	, 2g, 3, 4	l, 5, 6d, 7	d, 8c,	_			
		9c, 10c, and 11e			<u> </u>	3,183,333	2,906,200	-12,122	92,882

## Part IX Statement of Functional Expenses

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

	All other organizations must o	c)(3) and 501(c)(4) organiz complete column (A) but a			D).
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		САРСПОСО	general expenses	0.4011303
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	-· <del>-</del>			<del></del>
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				i
	U S See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	126,400		98,770	27,630
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,704,192	1,574,309	102,595	27,288
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		445 500		
9	Other employee benefits	483,407	415,730	53,175	14,502
10	Payroll taxes	153,273	131,815	16,860	4,598
11	Fees for services (non-employees)				
a					
b	- F	7,158		7,158	<del></del>
d	Accounting Lobbying	7,136		7,136	
e					<del> </del>
f	Investment management fees		<del>-</del>		
g		<del>-</del>			<del></del>
12	Advertising and promotion	9,056	9,056		
13	Office expenses	77,682	63,425	12,442	1,815
14	Information technology	.,,,,,,	30,120		2,020
15	Royalties				
16	Occupancy	122,632	105,114	12,513	5,005
17	Travel		/ /		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	400,157	400,157		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	186,754	144,245	5,314	37,195
23	Insurance	29,946	25,155	4,791	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	040 760	040 760		
a	TUITION ASSISTANCE	248,762	248,762	04 675	
b	SUPPLIES	68,801	47,126	21,675	
<del>ر</del> 0	HOT LUNCH PROGRAM MISCELLANEOUS	39,774	<u>39,774</u> 3,031	1 644	
d	CONTRACT LABOR	4,675 2,000	2,000	1,644	
e	All other expenses	2,000	10	190	
25	Total functional expenses. Add lines 1 through 24f	3,664,869	3,209,709	337,127	118,033
26	Joint Costs. Check here if following	3,004,003	3,203,109		110,033
20	SOP 98-2 Complete this line only if the			İ	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
			<del>,</del>		

	art x	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		296,300		
	2	Savings and temporary cash investments	-	290,300	1	386,113
	3	Pledges and grants receivable, net	}		2	<del> </del>
	4	Accounts receivable, net	}	22 501	3	74 046
	l '	•		23,591	4	74,946
	5	Receivables from current and former officers, directors,			_	
	_	employees, or other related parties Complete Part II of			5	<u> </u>
	6	Receivables from other disqualified persons (as defined				
	ļ	4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete		-~ -	
	۱_	Part II of Schedule L	-	<u> </u>	6	<del> </del>
ets	7	Notes and loans receivable, net	-	540,000	7	
Assets	8	Inventories for sale or use	-	400	. 8	ļ
4	9	Prepaid expenses and deferred charges		12,391	9	13,573
	10a	Land, buildings, and equipment cost basis	10a 11,907,576			
	þ	Less accumulated depreciation Complete				
		Part VI of Schedule D	10b 1,308,964	10,789,726		
	11	Investments—publicly traded securities	_	22,906	_11	19,300
	12	Investments—other securities. See Part IV, line 11	_		12	
	13	Investments—program-related See Part IV, line 11	_		13	
	14	Intangible assets			14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11	_	436,721	15	421,544
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	12,122,035		11,514,088
	17	Accounts payable and accrued expenses		333,048	17	315,384
	18	Grants payable			18	
	19	Deferred revenue	538,155	19	482,967	
	20	Tax-exempt bond liabilities		10,113,959	20	10,108,793
<u>e</u>	21	Escrow account liability Complete Part IV of Schedule I			21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key			
ab		employees, highest compensated employees, and disqu	alified			
I	ŀ	persons Complete Part II of Schedule L		William .	22	
	23	Secured mortgages and notes payable to unrelated third	parties	434,743	23	390,000
	24	Unsecured notes and loans payable		· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities Complete Part X of Schedule D	Ţ.	44,603	25	40,953
	26	Total liabilities. Add lines 17 through 25		11,464,508		11,338,097
S		Organizations that follow SFAS 117, check here ▶	and			
nces		complete lines 27 through 29, and lines 33 and 34.				
<u></u>	27	Unrestricted net assets	["	649,143	27	168,437
Bala	28	Temporarily restricted net assets	ļ ,	8,384	28	7,554
Þ	29	Permanently restricted net assets	<u> </u>		29	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or Fund		Organizations that do not follow SFAS 117, check her	·e▶ ¨	<del></del>		
=		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
ë	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or	<u> </u>		32	
ťΑ	33	Total net assets or fund balances	Totaler fulles	657,527	33	175,991
ž	34	Total liabilities and net assets/fund balances	<b> </b>	12,122,035		11,514,088
	art X			12,122,033	_34	11,314,000
	4167	i maneiar otatements and reporting				Yes No
1	Acc	counting method used to prepare the Form 990 C	ash 🗓 Accrual 🗍 Oti	her		Yes No
28		re the organization's financial statements compiled or rev				2a X
		re the organization's financial statements audited by an ii				2b X
		es" to lines 2a or 2b, does the organization have a comr	-	for oversight of		
٠		audit, review, or compilation of its financial statements a				2c X
2-		a result of a federal award, was the organization required				40   4
Je		Single Audit Act and OMB Circular A-133?	to anderge an addit of addits as s	Sec TOTAL III		3a X
		Single Audit Act and OMB Circular A-1337  (es," did the organization undergo the required audit or a	udite?			
0	, 11	es, on the organization undergo the required audit or a	uuita'			3b

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

**Public Charity Status and Public Support** To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

▶ 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** 84-1261601

			FRONT	RANGE	CHRISTIA	M SCHOO	L					84	-1261601	
Pi	art I	Reas	on for Pub	lic Charity	Status (All o	rganizations	s must o	complet	te this	part.)	(see i	nstruc	ctions)	
The	orga	nization is not	a private foun	dation becaus	se it is (Please o	heck only one	organizat	ion )		<u>-</u> -				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	X				A)(ii). (Attach So									
3					ce organization		ction 170	(b)(1)(A)(	iii). (Atta	ch Sch	edule H	)		
4					d in conjunction								ospital's name,	
		city, and stat			•	•			•				,	
5		An organizat	ion operated fo	or the benefit	of a college or ur	niversity owned	or operat	ed by a q	overnme	ental uni	t descri	ibed in		
			b)(1)(A)(iv). (C			-	•	, ,						
6	$\Box$			•	jovernmental uni	t described in s	ection 17	70(b)(1)(A	)(v).					
7	П									from the	genera	al dudle	3	
	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	$\Box$				170(b)(1)(A)(vi).	(Complete Part	:11.)							
9	П				1) more than 33			contribut	ions. me	embersh	ip fees.	and or	oss	
					npt functions—si							-		
					nd unrelated bus			-	•					
			-		0, 1975 See se		•			,				
10	$\Box$				exclusively to tes					(see in	structio	ns)		
11	$\Box$				exclusively for th									
		purposes of	one or more pu	iblicly support	ted organizations	described in s	ection 50	9(a)(1) or	section	509(a)(2	2) See	section	1	
		509(a)(3). Ch	eck the box th	at describes t	the type of suppo	orting organizati	on and co	omplete li	nes 11e	through	11h			
		a Type	:1 Ь[	Type II	с 🗌 Ту	pe III-Function	ally Integr	rated	d	Тур	e III–Ot	her		
е		By checking	this box, I certi	fy that the org	anization is not	controlled direc	tly or indi	rectly by o	one or m	ore disc	ualified			
		persons othe	r than foundati	on managers	and other than o	one or more put	blicly supp	orted org	ganizatio	ns desc	ribed in	section	1	
		509(a)(1) or s	section 509(a)(	(2)										
f		If the organiz	ation received	a written dete	ermination from t	he IRS that it is	a Type I,	Type II,	or Type	III suppo	orting			
		organization,	check this box	•										
g		Since Augus	t 17, 2006, has	the organiza	tion accepted an	y gift or contrib	ution fron	n any of th	ne					
		following per	rsons?											
		(i) A persor	n who directly o	or indirectly co	ontrols, either aid	ne or together	with perso	ons descr	ribed in (	н)			Ye	s No
		and (III)	below, the gov	erning body o	f the supported of	organization?							11g(i)	
					bed in (ı) above?								11g(II)	
					described in (i) o								11g(iii)	ш
h		Provide the	following inform	nation about t	he organizations	the organization	on suppor	ts.	_					
(i)		of supported	(ii) I	EIN	(iii) Type of	-	1	organization	, , , ,	ou notify	(vi)	s the	(vii) Amount	of
	orga	anization			(described of above or IF		1	sted in your document?	-	nization in of your	Organizat	ion in col zed in the	support	
					(see instr		governing	document		ort?	1	5 ?		
							Yes	No	Yes	No	Yes	No		
											Ļ			
							ļ	ļ			<u> </u>			
				<del></del>			<u> </u>	ļ			<u> </u>			
Tata														
~*					i e									

	edule A (Form 990 or 990-EZ) 2008 FRC	ONT RANGE	CHRISTIA	N SCHOOL	84	-1261601	Page 2
_ Pa	art II Support Schedule for O	rganizations I	Described in S	Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(vi)	)
	(Complete only if you ch	ecked the box	on line 5, 7, o	r 8 of Part I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		*	۰.,	* ;	**	
	tion B. Total Support					-	•
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	****	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* * 1:3 .	* * * * * *	*	
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public Si						
14	Public support percentage for 2008 (line 6	i, column (f) dıvıde	d by line 11, colun	nn (f))		14	%
15	Public support percentage from 2007 Sch	edule A, Part IV-A	, line 26f			15	%
16a	33 1/3 % support test—2008. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies	as a publicly supp	orted organization	İ			▶ _
b	33 1/3 % support test—2007. If the organ	uzation did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3 % or r	nore, check this	_
	box and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶ _
17a	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	a box on line 13, 16	Sa, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain in Pi	art IV how the	
	organization meets the "facts-and-circums	stances" test. The	organization qualif	īes as a publicly si	ipported organizat	ion	▶ _
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here. Explain ın P	art IV how the	_
	organization meets the "facts-and-circums	tances" test. The	organızation qualıf	îes as a publicly si	pported organizat	ion	▶ _
18	Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e instructions	▶ _

Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

ı	_17	 %
	18	94

33 1/3 % support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

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

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

18

Schedule A (Form 990 or 990-EZ) 2008 FRONT RANGE CHRISTIAN SCHOOL

84-1261601

Page 4

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization

Employer identification number

_F:	RONT RANGE CHRISTIAN SCHOOL		84-1261601
Pa	organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990, i		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	-	
	used only for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Forr	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	portant land area
	Protection of natural habitat	Preservation of certified historic s	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation of	contribution in the form of a conservation	easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/	06	2d
3	Number of conservation easements modified, transferred, released, ex	inguished, or terminated by the organizat	tion during
	the taxable year ▶		
4	Number of states where property subject to conservation easement is l	ocated	
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, violations, and	
	enforcement of the conservation easements it holds?		L Yes
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		∐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes
_	the organization's accounting for conservation easements	Historiaal Tassauraa aa Othaa 6	21
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Form 990 Part IV line 8	Similar Assets.
	Complete if the organization answered Tes to	Tomi 990, Fait IV, IIIIC U.	
4	If the commission planted as possessed under CEAC 44C mills		at waden of
ıa	If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibition		
	provide, in Part XIV, the text of the footnote to its financial statements t		public service,
	provide, in Fait XIV, the text of the foothole to its financial statements t	ial describes triese items	
h	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and halance shoot w	vorks of art
U	historical treasures, or other similar assets held for public exhibition, ed		
	provide the following amounts relating to these items.	acation, or research in futuerance of pub	mo service,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X		
2		other similar assets for financial soin, are	wide the
2	If the organization received or held works of art, historical treasures, or		viue trie
_	following amounts required to be reported under SFAS 116 relating to t	nese ilems	▶ ¢
	Revenues included in Form 990, Part VIII, line 1		\$ \$
D	Assets included in Form 990, Part X		<b>-</b>

<u>Sche</u>		GE CHRISTIAN			<u>84-126</u>				Page 2		
<u>_Pa</u>	rt III Organizations Maintaining	Collections of Art,	Historical Trea	isures, c	r Other S	Similar Ass	ets (	continu	ed)		
3	Using the organization's accession and other items (check all that apply)	records, check any of the	following that are a	a significan	t use of its o	collection					
а	Public exhibition	d Loan o	or exchange progra	ms							
b	Scholarly research	e Other	3-1 3								
С	Preservation for future generations	<b>J L 1</b>					_				
4	Provide a description of the organization's co Part XIV.	llections and explain how t	hey further the org	anization's	exempt pur	pose in					
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, I be maintained as part of	historical treasures the organization's o	, or other s collection?	ımılar		$\Box$	'es	☐ No		
Pa	rt IV Trust, Escrow and Custod				answere	d "Yes" to					
`	Part IV, line 9, or reported a							•			
1a	Is the organization an agent, trustee, custodia				not				_		
	included on Form 990, Part X?						$\Box$	'es	☐ No		
ь	If "Yes," explain the arrangement in Part XIV	and complete the following	ı table.				_		_		
	, , , , , , , , , , , , , , , , , , ,		,					Amount			
С	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e		•			
f	Ending balance					1f					
2a	Did the organization include an amount on Fo	orm 990. Part X. line 21?					$\Box$	es	No		
	If "Yes," explain the arrangement in Part XIV.						ш'	63			
	irt V Endowment Funds. Comp		nswered "Yes"	to Form	990. Par	t IV. line 10	).				
		(a) Current year	(b) Prior year			(d) Three years		(e) Four	rears back		
1a	Beginning of year balance	8,384				. ,		.,			
b	Contributions	43,511	<del></del>			<del></del>					
c	c Investment earnings or losses										
d	Grants or scholarships		- 1		1			,			
-	Other expenditures for facilities			1 7		5)			30.00		
ŭ	and programs	44,341									
f	Administrative expenses			1							
	End of year balance	7,554		†							
2	Provide the estimated percentage of the year										
-	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %	"									
~	Term endowment ▶ 100.00 %										
32	Are there endowment funds not in the posses	ssion of the omanization th	at are held and ad	ministered	for the						
Ju	organization by	ooion or the organization to			101 1110			ſ,	res No		
	(i) unrelated organizations							3a(i)	X		
	(ii) related organizations							3a(ii)	X		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required on Sch	edule R?					3b			
4	Describe in Part XIV the intended uses of the	·									
Pa	rt VI Investments—Land, Build			90. Part	X. line 10						
	Description of investment	(a) Cost or other basis	(b) Cost or o			reciation		(d) Book v	alue		
	·	(investment)	basis (othe	1	• • •	ľ		-			
12	Land	<del>                                     </del>	1,962	2,346				1,96	2,346		
	Buildings		9,735		1.2	05,842			9,887		
	Leasehold improvements		1	,				-,			
	Equipment		209	,501	1	.03,122		10	6,379		
	Other		1	,		,			_, _, _		
	I. Add lines 1a-1e (Column (d) should equal F	Form 990, Part X, column (	B), line 10(c) )	<u> </u>		▶	1	0,59	8,612		
	(2)			<del></del>					990) 2008		
									,		

Schedule D (Form 990) 2008 FRONT RANGE CHRISTI		84-1261601	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other	_		
	_		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)	<b>&gt;</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•
Part VIII Investments—Program Related. See Form	n 990, Part X, line 13.	<u> </u>	<del></del>
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
		Cost or end-of-ye	
			· · · · · · · · · · · · · · · · · · ·
	····		
			*
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	***** <b>* *</b>	
Part IX Other Assets. See Form 990, Part X, line 1			* * , , , , , , , , , , , , , , , , , ,
(a) Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
			(a) Book talla
	-	·	
		-	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, lin	ne 25		
(a) Description of liability	(b) Amount	T	**************************************
Federal income taxes	(b) Amount	-	* * * * * * * * * * * * * * * * * * * *
DAMAGE DEPOSITS HELD	40,953	<u> </u>	
DAMAGE DEFOSITS HELD	40,955	4	
		-	4
<del> </del>		-	
		4	
		-	
		4	
		4	
		4	
		4	H
		_	ı
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 40,953		1
In Part XIV, provide the text of the footnote to the organization's financia	al statements that reports the o	rganization's liability for	
uncertain tax positions under FIN 48			

	dule D (Form 990) 2008 FRONT RANGE CHRISTIAN SCHOOL	84-12616	<u>01</u>	Page 4
Pa	Int XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,183,333
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	<u>3,664,869</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-481,536
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-481,536
Pa	irt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	3,183,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	1 % 1	
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	7 7 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,183,333
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[ ]		- 7 - 7 - 7 - 2 - 2
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>\</b>	
b	Other (Describe in Part XIV)	4b	-\ \ \tau^* \	
c	Add lines 4a and 4b		4c	
5			5	3,183,333
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		0,200,000
1	Total expenses and losses per audited financial statements		1 1	3,664,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		-	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c	<b>-</b>  `₹ \$	
d	Other (Describe in Part XIV)	2d	7	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,664,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ	<u> </u>	3,001,003
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b	40	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	3,664,869
	int XIV Supplemental Information		1.5	3,004,003
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a and 4 Part IV lines 1b		
	2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a			
	PART V, LINE 4 - INTENDED USES FOR ENDOWMEN			
_		<del>-</del> <del>-</del> -		
	FEMPORARILY RESTRICTED NET ASSETS ARE AVAIL	$\mathbf{ABLE}  \mathbf{AS}  \mathbf{OF}  \mathbf{6/30}$	/0 <u>9</u>	OR THE
_;	FOLLOWING_PURPOSES:			
_3	BASEBALL FACILITY/TRAINING CENTER 1,623			
_'	CAMPUS CONSOLIDATION 5,530	<b></b>		
_	IMPACT OUR COMMUNITY 207	<b></b> .		
_	TEACHER AND CURRICULUM ENHANCEMENT 374			

Schedule D (	Form	990) 2	8002	F	RO	NT	RA	МG	E	CH:	RI	ST	IAI	1	SCH	001	·				84	-12	61(	601	L					Р	age 5
Schedule D ( Part XIV	Sı	ıpple	eme	nta	l Inf	form	atio	on (d	conti	nued	1)																				
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#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization FRONT RANGE CHRISTIAN SCHOOL	Employer identifica 84-126160		mber	
		01 12020		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,				<u> </u>
	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,		/ 2.4		
	programs, and scholarships?		2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			1,8	
	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 POLICY IS PRINTED IN THE COLUMBINE COURIER, A LOCAL NE	MADE DED	3	X	-
	POLICY IS PRINTED IN THE COLUMBINE COURIER, A LOCAL NE AS WELL AS IN THE STUDENT HANDBOOK.	WSPAPER,	l.		
	AS WELL AS IN THE STUDENT HANDBOOK.		li i	1 4	
			1 , «	_ *\$\cdot\}	
4	Does the organization maintain the following?			* × ×	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	x	1.0000
b	Records documenting that scholarships and other financial assistance are awarded on a racially		<del></del>		
	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	
d	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, attach a separate		١,		1
	statement)			ž.	
			*		
_	Provide the state of the state			39	*
5	Does the organization discriminate by race in any way with respect to		l		
а	Students' rights or privileges?		5a		X
b	Admissions policies?		5b		x
-	Name de la constant d		35		
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
	Athletic		_		
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, attach a separate		311		-
	statement)				
				1	
			A (17 MICHAEL)	l	
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a		X
þ	Has the organization's right to such aid ever been revoked or suspended?		6b	ļ	X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement	_			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	of		- <u>-</u> -	
	Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation		7	X	ĺ

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revertue Service Name of the organization

FRONT RANGE CHRISTIAN SCHOOL

Employer identification number

84-1261601 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (iii) Did fund-(v) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions col (i) Yes No Total

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

Schedule G (Form 990 or 990-EZ) 2008

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	dule G (Form 990 or 990-EZ) 2008	ONT	RANGE	CHRIS'	TIAN	SCHOOL	84-12	<u>61601</u>		P	age <b>3</b>
								_		Yes	No
13	Indicate the percentage of gaming activity of	erated	ın				<u> </u>				
а	The organization's facility						13a	%			
b	An outside facility						13b	%	ļ		
14	Provide the name and address of the person	who pr	epares the	organization's	s gaming	/special events bool	ks				1
	and records.										
	Name ▶										,
	Address >										
15a	Does the organization have a contract with a	third pa	arty from wh	om the orga	nization r	eceives gaming		.	_		
	revenue?							<u>L</u>	15a		<u> </u>
b	If "Yes," enter the amount of gaming revenue		-	ganization 🕨	\$		and the	ŀ			
	amount of gaming revenue retained by the ti	nird part	y <b>▶</b> \$						l		1
С	If "Yes," enter name and address										'
	Name ▶										
	Address ▶										,
16	Gaming manager information										ĺ
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ▶										į į
	Director/officer Employer	•	Inc	lependent co	ontractor						
17	Mandatory distributions										1
а	Is the organization required under state law	o make	charitable o	istributions i	from the g	gaming proceeds to	ı				
	retain the state gaming license?								17a		<u> </u>
b	Enter the amount of distributions required ur	der stat	te law distrib	uted to othe	r exempt	organizations or spe	ent	Γ			
	in the organization's own exempt activities d	uring the	e tax year 🕨	· \$							1

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Open to Public Inspection 2008

Employer identification number 84-1261601

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

FRONT RANGE CHRISTIAN SCHOOL

OMB No 1545-0047

Ŷ × (h) On behalf of Issuer ဍ 위 Yes ш (g) Defeased 윈 × Yes Yes Yes PROVI 윈 위 (f) Description of purpose ۵ THE PURPOSE OF Yes Yes 윈 윈 9,965,000 ပ (e) Issue price Yes Yes No Ŷ (d) Date issued 4/01/07 8 Yes Yes (c) CUSIP# 196458 Š Š (b) Issuer EIN Yes Yes Private Business Use (Optional for 2008) 9 Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? CO EDUCATIONAL & CULTURAL FACILITIE **Bond Issues** (Required for 2008) member of an LLC, which owned property financed by Are there any lease arrangements with respect to the Was the organization a partner in a partnership, or a Does the organization maintain adequate books and records to support the final allocation of proceeds? Proceeds (Optional for 2008) 11 Has the final allocation of proceeds been made? 3 Proceeds in refunding or defeasance escrows 10 Were the bonds issued as part of an advance 6 Working capital expenditures from proceeds 7 Capital expenditures from proceeds (a) Issuer name Gross proceeds in reserve funds 8 Year of substantial completion 5 Issuance costs from proceeds 4 Other unspent proceeds 1 Total proceeds of issue refunding issue? Part III Part Part 7 ⋖ O 

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

Schedule K (Form 990) 2008

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Schedule K (Form 990) 2008 FRONT RANGE C	CHRISTIAN	AN SCHOOL	J.C	84-12	84-1261601					Page 2
		4		<b>6</b>		ن				١
3a Are there any management or service contracts with	Yes	No	Yes	No	Yes	No	Yes	N <sub>O</sub>	Yes	No
respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private hismess										
use?										
c Does the organization routinely engage bond counsel								-		
or other outside counsel to review any management or										
service contracts or research agreements relating to										
4 Enter the percentage of financed property used in a										
501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private										
business use as a result of unrelated trade or business										
activity carried on by your organization, another section										
501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%	,	%		%
7 Has the organization adopted management practices										
and procedures to ensure the post-issuance										
9										
Part IV Arbitrage (Optional for 2008)										
		A		8		J.		Q	Ш	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	Ŷ	Yes	°N	Yes	2	Yes	Š	Yes	N <sub>o</sub>
and Penalty in Lieu of Arbitrage Rebate, been filed										
2 Is the bond issue a vanable rate issue?										
3a Has the organization or the governmental issuer										
identified a hedge with respect to the bond issue on										
its books and records?										
b Name of provider										
c Term of hedge	•									
4a Were gross proceeds invested in a GIC?										•
b Name of provider										
d Was the regulatory safe harbor for establishing the fair										•
market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an										
available temporary penod?										
6 Did the bond issue qualify for an exception to rebate?										
									Schedule K (F	Schedule K (Form 990) 2008

**SCHEDULE O** 

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

FRONT RANGE CHRISTIAN SCHOOL

Employer identification number 84-1261601

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW OF COMPENSATION COMPARED TO ACSI DATA AND NON-PROFIT DATA FROM BOARDSOURCE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ANNUAL REVIEW OF COMPENSATION COMPARED TO ACSI DATA AND NON-PROFIT DATA

FROM BOARDSOURCE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE ON THE WEB. ANNUAL REPORT IS AVAILABLE ON REQUEST.

SCH K - PURPOSE OF ISSUE DESCRIPTION

CO EDUCATIONAL & CULTURAL FACILITIE

FINANCE CERTAIN CAPITAL IMPROVEMENTS, TO REFINANCE CERTAIN OUTSTANDING INDEBTEDNESS FOR FRONT RANGE CHRISTIAN SCHOOL, TO FUND DEBT SERVICE RESERVES FOR THE BENEFIT OF THE BANK AND TO PAY COSTS OF ISSUANCE.

990 / 990-PF	Other Notes an

nd Loans Receivable

6/30/09

2008

Name

For calendar year 2008, or tax year beginning 7/01/08, and ending

Employer Identification Number

FRONT	RAN	GE CH	RIS	TIAN	1 S	СНО	OL						8	4-126	1601	
FORM	990,	PART	x,	LIN	Æ .	7 –	AD	DIT	IONA	L	INFORMATIO	N				
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	TAKON	RECE	IVA	<u>опе</u>							<u> </u>					
(2)	<del> </del>															
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1111		. 1			۰					} i:	•	~ * * * * 7	à .			* `, ,
	Original a	amount ed		Date	of loa	an			turity ate		Re	epayment terms			Ir	nterest rate
(1)																
(2)									_							
(3)																
(4)																
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(6)			_				<u> </u>									
<u>(7)</u>												··				
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(9)		_					_			_						
(10)	<del></del>						<u> </u>	) J.		لٍــــــ				. *		
		* '	<b>%</b>				1.0	<b>%/%</b>			1 (1/- 5 %	<u></u>	· .	<b>\(\lambda\)</b>		: 7
		Caarret		ينجا استداسات	<b>.</b>							D				
(1)		Securit	y prov	ided by	DOTTO	wer						Ригро	se of loa	<u>ın</u>		
(2)																<del></del>
(3)																
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(6)	-												_	_		_
(7)			_		•											
(8)																
(9)																
(10)																
(10)																
	Co	nsideration	ı furnis	shed by	lende	er				B: be	alance due at eginning of year	Balance d end of y		Fa	air market (990-PF	
(1)											540,000					
(2)																
(3)																
(4) (5)																
(5)						_										
(6) (7)																
(7)			_													
(8) (9)									_							
(9)									_					-		
(10)											F40 000					
Totals											540,000			I		

990 / 990-PF	Mor	ner Notes Pa	yable	1	2008		
330 / 330-1 1	For calendar year 2008,	or tax year beginning	7/01/08	, and ending	6/30/09		
łame •					Employer ide	ntification Number	
FRONT RANGE CHRISTIAN SCHOOL			84-1261601				
FORM 990, PAR	T X, LINE 23 -	- ADDITIONAL	INFORMATI	ON			
	Name of lender			Relationship to	disqualified persor	n	
1) ECCU			-				
3)				<del></del>			
4)							
5)							
(6) (7)							
[8]			-				
[9]							
(10)							
Original amount borrowed	Date of loan	Maturity date	Repayment terms			Interest rate	
750,00		11/01/09	INTERES			4.25	
(2)							
3)		<del></del>			<del></del>		
<u>4)</u>		·					
6)							
7)							
8)			<del> </del>				
(9) (10)							
, , ,			· · · · · · · · · · · · · · · · · · ·				
	curity provided by borrower		Purpose of loan				
1) DEED OF TRUST			LINE OF CREDIT				
(2)			<del> </del>				
(3) (4)	<del>- ,</del>	<del>_</del>	<del> </del>				
(5)							
(6)	<del></del>		<del> </del>				
(7)	<del></del>		<del></del>				
(8) (9)			<del> </del>				
(10)							
Consideration furnished by lands-				e due at ing of year		Balance due at end of year	
Consideration furnished by lender  (1)			Jegiiii 4	134,743		390,000	
2)							
3)			<del> </del>				
(4)			<del> </del>		<del>-  </del>		
(5) (6)			<del>                                     </del>		<del>-  </del>		
7)							
8)							
(9)	·	·	<del> </del>	<del></del>			
(10) Totals			<del>                                     </del>	134,743	<del>                                     </del>	390,000	
i Viais					_	220,000	

	•	nd Liabilities		<u> </u>		
Form <b>990</b>		-		6.1	20 (20	2008
Name '	For calendar year 2008, or ta	x year beginning	7/01/08 , ar		30/09 Employer Ide	entification Numbe
					-	
FRONT RANG	GE CHRISTIAN SCHOO	)L		1.	84-126	1601
FORM 990,	PART X, LINE 20 -	ADDITIONAL	INFORMATION	1		
	Name of lander			Dumana of		
(1) CO EDUCA	Name of lender ATIONAL & CULTURAL	FACILITIES	PURCHASE L	Purpose of and, CAPIT		PROVEMENTS
(2)						
(3)						
(4)						
(5) (6)			<del></del>			
7)	<del></del>					
8)						
(9)						
(10)						
	Original amount	Form 8038 filed		Completion	data	Unexpended
Issue date	of issue	Y/N Date filed	Date retired	of project		bond proceeds
1) 4/01/07	9,965,000	N	4/01/37			
2)						<u> </u>
3)						<del></del>
4)						
5)			<del> </del>	<del></del>		<del></del>
(6) (7)		<u> </u>				
(8)						<del></del>
(9)						
(10)						
Third party	Maturity	T				
use percent	date	Repayment terms				Interest rate
(1)	4/01/37	PRINCIPAL & INTEREST				4.500
(2)						
3)			<del></del>			
(4) (5)					<del></del> -	
6)			<u> </u>	·	<del></del>	
7)			<del>-</del>			
8)						
9)						
(10)				ā		<del></del>
				Amount outstands	\ A-	nount outstanding
	Security provided by be	Amount outstanding at beginning of year 10,113,959			at end of year	
	D OF TRUST			10,113,9	59   1	10,108,793
2)						
3)						
4) 5)						
6)			<del></del>		<del></del>	
7)	<del></del>	<del>_</del>				
8)						
9)						
10)						
Totals				10,113,9	59   1	10,108,793

10,108,793