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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	<u>A</u>	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 20	10
	B cap	heck if oplicable	Please C Name of organization	D Employer ide	ntification number
		Addres:	s label or LUBBOCK CHRISTIAN SCHOOL FOUNDATION		
		Name change	type		-0295331
]initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone nu	mber
		Termin-	Instruc- 2604 DOVER AVENUE	(8	<u> 106) 796–8700 </u>
		Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,168,951.
	[Applica tion pending	HOBBOOK, IX 75407	H(a) Is this a gro	
		penung	F Name and address of principal officer: TIP PIACK	for affiliates	
			1403 MONTICELLO AVENUE, LUBBOCK, TX 79416		es included? Yes No
			mpt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		ch a list. (see instructions)
			e: N/A		nption number
			organization X Corporation Trust Association Other ► L You Summary	ear of formation 200	4 M State of legal domicile TX
			Briefly describe the organization's mission or most significant activities: SUPPORT (OF LUBBOCK	CHRISTIAN
	Activities & Governance		SCHOOL GRADES KINDERGARTEN THROUGH TWELTH GRA		
	E.	-	Check this box X if the organization discontinued its operations or disposed of m		et assets.
	8		Number of voting members of the governing body (Part VI, line 1a)		3 15
	0	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 15
	es	5	Total number of employees (Part V, line 2a)		5 0
	iviti	6	Total number of volunteers (estimate if necessary)		6 15
	Act	7a -	Total gross unrelated business revenue from Part VIII, column (C), line 12	÷	7a 0.
		b i	Net unrelated business taxable income from Form 990-T, line 34		7b 0.
				Prior Year	Current Year
9	ne	l	Contributions and grants (Part VIII, line 1h)	34,19	196,689.
3 2010	Revenue	l	Program service revenue (Part VIII, line 2g)	91,64	11,278.
(M)	Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-107,54	
\sim 1		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c ant 1/e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,29	
)F.C		13 (Create and similar amounts need (Part IV polysit A) (REG 3)	40,00	
		14	Benefits paid to or for members (Part IX, column (A), line 4)	10,00	1927011.
	ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-70)		
	use		Professional fundraising fees (Part IX, column (A), line (46) EN, UT		
SCANNED	Expenses		Total fundraising expenses (Part IX, column (D), line 25)	······	
\\	Ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,44	4,060.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,44	
•			Revenue less expenses. Subtract line 18 from line 12	_23,14	12,323.
	Net Assets or Fund Balances			Beginning of Current	
	sets	20 -	Total assets (Part X, line 16)	1,393,94	
	ad As	21	Total liabilities (Part X, line 26)	685,06	
			Net assets or fund balances. Subtract line 21 from line 20	708,88	721,203.
	PE	art II	Signature Block	ate and to the best of multi-	andedge and balled it is to a const
			Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stateme, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	dge	lowledge and belief, it is like, correct,
	Sia	.	Dulisa Poberte Preasurer	1/2-	7-10
	Sig:		Signature of officer	Date	
	1101	•	MELISA ROBERTS, TREASURER		
			Type or print name and title	,	
			Preparer's Date	Check if	Preparer's identifying number (see instructions)
	Paid		signature / 11/23/10	self- employed ► X	
		Only		LLP EIN >	
	OSE	Only	self-employed), 8215 NASHVILLE AVENUE		
			ZIP +4 LUBBOCK, TX 79423	Phone no	► (806)747-3806
	Mav	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2009)

	990 (2009)		ISTIAN SCHOOL	_ FOUNDATION	20-029	22331	Page 2
Par	t III Statement of P	Program Service A	ccomplishments				
1	PROVIDE FINAN		TO LUBBOCK	CHRISTIAN SC	HOOL.		
							
2	Did the organization under the prior Form 990 or 990)-EZ?		e year which were not list	ed on	Yes	X No
3	If "Yes," describe these n Did the organization ceas			w it conducte any progra	m condece?	Yes	ΧNο
3	If "Yes," describe these c		significant changes in no	w it conducts, any progra	III services,	res	<u> </u>
4	Describe the exempt purp Section 501(c)(3) and 501 allocations to others, the	(c)(4) organizations and	section 4947(a)(1) trust	s are required to report th			
4a	(Code: PROVIDED ADDI SUPPLEMENT ST	TIONAL FUND					538.)
4b	(Code:) (Expenses \$	ıncluding	grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	ıncluding	grants of \$) (Revenue \$	-)
							
			<u></u>		 -		
4d	Other program services.	(Describe in Schedule C).)				
	(Expenses \$	ıncluding g	rants of \$) (Revenue \$)		
4e	Total program service	expenses > \$	196,904.				

Form 990 (2009) LUBBOCK CHRI Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule organization engage in Individual Contributions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. In the organizations. Is the organization engage in lobbying schriftes? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organization behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organization behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Did the organization meant and proxy tax II "Yes," complete Schedule C, Part II Did the organization meant and proxy tax II "Yes," complete Schedule C, Part II Did the organization report an amount in Part X, the 21; serve as a custodian for amounts not listed in Part X; or provide Schedule D, Part II Did the organization report an amount in Part X, the 21; serve as a custodian for amounts not listed in Part X; or provide schedule D, Part II Did the organization report an amount for tayar, or edit inapplication services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for theyar, or edit inapplication services? If "Yes," complete Schedule D, Part IV It is the organization report an amount for independent suddenges and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, VIII, IV, IV, IV, IV, IV, IV, IV				Yes	No
2 Is the organization required to complete Schedule 6, Schedule Contributions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organizations upbet to the section 6033(c) notice and reporting requirement and proxy tax II "Yes," complete Schedule C, Part III Did the organization measural any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization reserve or hold a conservation essement, including assements to preserve open space, the environment, instencil and areas, or hetoric structures? If "Yes," complete Schedule D, Part III Did the environment, instencil and areas, or hetoric structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit consending, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part III Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, VIII and X III X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 X X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X Section 501(c)(3) organizations. Did the organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II X X X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III X X X X Section 501(c)(4), 501(c)(5), and 501(c)(6), and 501(c)		If "Yes," complete Schedule A	1_		
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5 Section 5016/j4i, 5016/j6i), and 5016/j6i organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization foreor 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 III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, clirectly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV. 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part IV. 12 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part IV. 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part X. 14 Did the organization report an amount for other liabilities in Part X, line 18 that is 5% or m		·			
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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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII. 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IX, IX, and XIII. 13 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes, IX IX IX IX IX IX	٥				x
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14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	13		13		x
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X		1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19				
			-	<u> </u>	
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25		l 🕶
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFF		Х
oe.	Schedule L, Part I	25b		
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	<u> </u>
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_~	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		_	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity?	1		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			1
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ļ	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	L
		Earm	uun	(SUUC)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1**b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За Х b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c 1 d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь Section 501(c)(7) organizations. Enter: 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: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

12b

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		_X_
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this is done	12c		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		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?			
a	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
108	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		<u>X</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
46	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
	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 organiza MELISA ROBERTS - (806) 771-7717	tion: ▶	`—	
	1416 MONTICELLO AVE., LUBBOCK, TX 79416			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (8ox 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.

RATHY CROCKETT	Check this box if the organization did (A)	(B)			(C	>)			(D)	(E)	(F)
Per Week Per Per	Name and Title		Ì,.						· ·	·	
DIRECTOR		per	-						from	from related organizations	other compensation
DONA RICHARDSON DIRECTOR 0.00 X X 0. 0.											
DIRECTOR		0.00	X						0.	0.	0.
ANDY TIMMONS DIRECTOR 0.00 X 0. 0.	DONA RICHARDSON		ĺ								
DIRECTOR 0.00 X 0.00	DIRECTOR	0.00	X		X			_	0.	0.	0.
PETER DAHLSTROM 0.00 X 0.00 X <t< td=""><td>ANDY TIMMONS</td><td>}</td><td></td><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	ANDY TIMMONS	}									
DIRECTOR 0.00 X 0.00	DIRECTOR	0.00	X						0.	0.	0.
BRAD PRUITT 0.00 X 0.	PETER DAHLSTROM										
DIRECTOR 0.00 X 0.00 O. MELISA ROBERTS 0.00 X 0.00 O. DIRECTOR 0.00 X 0.00 O. MATT HADLEY 0.00 X 0.00 O. DAVID BOYER 0.00 X 0.00 O. DIRECTOR 0.00 X 0.00 O. TIM MACK 0.00 X 0.00 O. BOB CROCKETT 0.00 X 0.00 O. DIRECTOR 0.00 X 0.00 O. TONY PENA 0.00 X 0.00 O. STAN POTAKI 0.00 X 0.00 O. STEVEN WARREN 0.00 X 0.00 O.	DIRECTOR	0.00	X						0.	0.	0.
MELISA ROBERTS 0.00 X X 0.00 X 0.0	BRAD PRUITT										
MELISA ROBERTS 0.00 X X 0.00 X 0.0	DIRECTOR	0.00	X			Ì		<u>.</u>	_ 0.	0.	0.
MATT HADLEY 0.00 X 0.	MELISA ROBERTS										-
DIRECTOR 0.00 X 0.00	DIRECTOR	0.00	X		X				0.	_ 0.	0,
DAVID BOYER 0.00 X 0.	MATT HADLEY										-
DIRECTOR 0.00 X 0.00	DIRECTOR	0.00	X				l _		_ 0.	_ 0.	0
TIM MACK DIRECTOR 0.00 X X 0. 0. BOB CROCKETT DIRECTOR 0.00 X 0. 0. TONY PENA DIRECTOR 0.00 X 0. 0. STAN POTAKI DIRECTOR 0.00 X 0. 0. STEVEN WARREN 0.00 X 0. 0.	DAVID BOYER										
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Par	L VIII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)	ŀ		(F)	
	Name and title	Average	Position						Reportable	Reportable		Esti	mate	d
		hours	(check all that apply)					ly)	compensation	compensation				of
		per week	Individual trustee or director						from the	from related organizations			ther	
		woo.	ē	8 2			page		organization	(W-2/1099-MIS		compo	n the	
			ustee	trost		g R	Suadi	İ	(W-2/1099-MISC)	(11 2 1000 11110	"	orgar		
			lual tr	bonal		l ge	t COT	.	,			_	relate	
			di Kc	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	ızatıc	ns
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	Total			L			_		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th		liete			2) 14/6	-						<u> </u>
_	compensation from the organization	ot intilled to th	1056	IISte	o ai	JOV1	<i>=)</i> WI	10 16	eceived more than \$100	,000 in reportable				0
	sompendation from the organization			_									'es	No
3	Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	nnlovee on	Γ.	-		
	line 1a? If "Yes," complete Schedule J for s			,	,	٠,٥٠٠.	,,	٠	ng.100t compondated of	iipioyee on		3	Ì	X
4	For any individual listed on line 1a, is the su		le co	amo	ensa	ation	anc	d otl	her compensation from	the organization		* . -		
	and related organizations greater than \$150									o. gaza	- 1	4	İ	X
5	Did any person listed on line 1a receive or a									ices rendered to		·····		
	the organization? If "Yes," complete Sched	ule J for such	oers	on								5		X
Sec	tion B. Independent Contractors								<u></u>					
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	acto	ors t	hat received more than	\$100,000 of comp	ensa'	tion fro	m	
	the organization. NONE													
	(A) Name and business	address							(B) Description of s	on door	C-	(C)	-41	
	, tame and business				-			\dashv		ici vices		mpens	alioi	<u> </u>
								1						•
								\neg				-		
								_						
												_		
_														
2	Total number of independent contractors (i		ot li	mite	d to		_	sted	l above) who received n	nore than				
	\$100,000 in compensation from the organization	zation >					<u>) </u>						~~	
											c	-arm 0	411/2	AUUU.

			OCK CHRIST	IAN SCH	OOL FOUNDA	TION	20-0295	331 Page 9
Pa	rt V	/III Statement of Reve	enue					
		· ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a Federated campaigns	1a					
gra		b Membership dues	1b					
ts,		c Fundraising events	1c					
<u>igi</u>		d Related organizations	1d					
ins,		e Government grants (contrib	utions) 1e					
er s		f All other contributions, gifts, gra						
를 됨		similar amounts not included at		6,689.				
<u>5</u> 5		g Noncash contributions included in lin	es 1a-1f \$	33,414.	105 500			
0 8		h Total. Add lines 1a-1f		▶	196,689.		••••••	
	_			isiness Code		,		
jç	2							
le e		b	i i	_				
E S		c						
Pa		d	-					
Program Service Revenue		f All other program converses						
		f All other program service reg Total. Add lines 2a-2f	venue <u>L</u>	•				
\dashv	3		a dividends interest		-		·····	
	•	other similar amounts)	g dividorido, intorcot,	■	51,965.	51,965.		
	4		ax-exempt bond prod	eeds				
	5		р	>	1,260.	1,260.		
			(i) Real (ii) Personal	, , , , , , , , , , , , , , , , , , ,	7 10 11 11	. , , , , , , , , , , , , , , , , , , ,	
	6	a Gross Rents	,					
ļ		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		•				
		a Gross amount from sales of	(i) Securities	(II) Other			·····	
		assets other than inventory	919,037.					
		b Less: cost or other basis						
		and sales expenses	959,724.					
		c Gain or (loss)	-40,687.					
		d Net gain or (loss)			<u>-4</u> 0,687.	-40,687.		
<u>e</u>	8	a Gross income from fundrais	ing events (not					
eun		including \$	of					
ě		contributions reported on lir	ne 1c). See					
er		Part IV, line 18	a					
Other Revenue		b Less direct expenses	. b_					
		c Net income or (loss) from fu	_	<u> </u>				
	9	a Gross income from gaming	activities. See					
		Part IV, line 19	a					
		b Less: direct expenses	. b_					
		c Net income or (loss) from ga		▶				
	10	a Gross sales of inventory, les	ss returns					
		and allowances	a					
		b Less: cost of goods sold	b					
		c Net income or (loss) from sa		<u> </u>		,	······································	
		Miscellaneous Rever		ısıness Code				
	11							
		b	ł.					
		d All other revenue			 			
		e Total. Add lines 11a-11d	<u> </u>					
	12		3		209.227.	12,538.	0 -	0.

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and			governa expenses	олроново					
	organizations in the U.S. See Part IV, line 21	192,844.	192,844.							
2	Grants and other assistance to individuals in				······································					
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	 					
5	Compensation of current officers, directors,				······································					
_	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits				 					
10	Payroll taxes		-							
11	Fees for services (non-employees):									
а	Management									
b	· · · · · · · · · · · · · · · · ·				-					
	Accounting									
	Lobbying				 					
ė	Professional fundraising services See Part IV, line 17			. 17-17-11 11 1771-1-1-1						
f	Investment management fees	3,259.	3,259.							
g		381.	381.							
12	Advertising and promotion			<u>-</u> .						
13	Office expenses									
14	Information technology									
15	Royalties	7.0								
16	Occupancy			_						
17	Travel	420.	420.							
18	Payments of travel or entertainment expenses	1200	1200							
	for any federal, state, or local public officials	j								
19	Conferences, conventions, and meetings				<u>_</u>					
20	Interest	······························								
20 21	Payments to affiliates									
21 22	· · · · · · · · · · · · · · · · · · ·			-						
22 23	Depreciation, depletion, and amortization Insurance	-								
23 24	Other expenses Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·								
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а										
b										
c										
d										
е										
f	All other expenses									
25_	Total functional expenses. Add lines 1 through 24f	196,904.	196,904.	0.	0.					
26	Joint costs. Check here If following		-							
	SOP 98-2 Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									

Page **11** Part X Balance Sheet (A) Beginning of year End of year 27,571. 285,787. Cash · non-interest-bearing 1 2 100,984. 102,130. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 704,799. 11 Investments - publicly traded securities 669,887. 11 560,587. 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 15 16 1,393,941. 1,057,804. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 685,061. 336,601. 25 26 685,061. Total liabilities. Add lines 17 through 25 336,601. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 91,668. 28 29 708,880. Permanently restricted net assets 629,506.29 Organizations that do not follow SFAS 117, check here

> 1,057,804. Form **990** (2009)

721,203.

30

31

32

33

34

708,880.

393,941.

31

32

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L_	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,,,,,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 ((2009)

SCHEDUĻE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Employer identification number 20-0295331

ra	ITE I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.				
Пe	organ	ization is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1	닏	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	닏			0(b)(1)(A)(ii). (Attach Sc									
3	\mathbb{H}			tal service organization o									
4	ш			operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,		
_	\Box	city, and state							_				
5	لـــا			benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental unr	t describe	ed in		
	\Box		(b)(1)(A)(iv). (Comple					-	-	-			
6 7	H			ent or governmental unit									
'	لــــا		b)(1)(A)(vi). (Comple	eives a substantial part (ot its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in		
8		•		•	(Calata	David II V							
9	Ħ			ection 170(b)(1)(A)(vi). (4.					
٠		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
				axable income (less sect									
			509(a)(2) . (Complete			,	311103303 6	icquired D	y tile Olga	inzation a	aitei Julie 30, 1973.		
10				perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	I).				
11	X			perated exclusively for th					-	v out the	purposes of one or		
				ations described in section									
		describes the	type of supporting	organization and comple				•	·				
		a X Type I	l b □	Type II o	: 🗀 Тур	e III - Func	tionally int	egrated		d 🗀	Type III - Other		
е	X	By checking t	τηιs box, i certify tha	ιt the organization is not	controlled	directly o	rındırectiy	by one or	more disc	qualified p	persons other than		
				han one or more publicly						9(a)(1) or s	section 509(a)(2).		
f				ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th		-								
9				rganization accepted ar									
				rectly controls, either al	one or tog	ether with	persons d	escribed i	n (II) and (I	III) below,			
				upported organization?							11g(i) X		
			· ·	described in (i) above?		•					11g(ii) X		
			-	person described in (i) o	. ,						11g(iii) X		
h		Provide the id	ollowing information	about the supported org	ganizationi	(S).							
45)	Nama	-f	/!!\ FIN	(iii) Type of	(iv) le the e	rganization	(v) Did you		(vi) Is	the			
(1)		of supported anization	(ii) EIN	organization		sted in your			organizatio	on in col	(vii) Amount of		
	J.g.			(described on lines 1-9 above or IRC section		document?	(i) of your		(i) organiz U S	?	support		
				(see instructions))	Yes	No	Yes	No	Yes	No			
	вво					,							
CH	RIS	TIAN SC	26-4232425	2	x		Х		x		192,844.		
									-				
									L				
	<u>.</u>			,	<u> </u>	ļ				ļ			
- -				·							100 044		
Ota	31		<u>. </u>		<u> </u>				<u> </u>		192,844.		

Schedule A (Form 990 c	or 990-EZ)	2009
------------------------	------------	------

Page 2

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
	(Complete only if you checke						•
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")					<u>L</u>	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
-5	The portion of total contributions						-
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
e	**				-		
	Public support. Subtract line 5 from line 4 ction B. Total Support			1	1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(=) 0007	/-n 0000	() 0000	10.7
	Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
<u>~</u>	organization, check this box and stor						<u> </u>
<u>Sec</u>	ction C. Computation of Publ						
14	Public support percentage for 2009 (column (f))		14	%
15	Public support percentage from 2008			•		15	%
16a	33 1/3% support test - 2009. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
C	33 1/3% support test - 2008. If the o				d line 15 is 33 1/3%	or more, check th	is box
170	and stop here. The organization qual				10.10		▶∟
176	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring deviation meets the "factoring deviations and all all and all and all and all and					irt IV how the organ	nization
Į.	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts-and-circ						• ► □
18	Private foundation. If the organization						
<u></u>	iodinadition. II the organizatio	n did not thetik a	DOX OIL IIIIE 13, 16	a, 100, 1/a, or 1/	D, CHECK THIS DOX 8	and see instruction	s

Sche	edule A (Form 990 or 990-EZ) 2009 rt III Support Schedule for C) Prganizations	Described in	Section 509(a	(Complete only	r if you checked the bo	Page 3 ox on line 9 of Part I)
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	. = -					
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4 -	Tax revenues levied for the organ- ization's benefit-and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						,
8_	Public support (Subtract line 7c from line 6)				1111		
	ction B. Total Support				<u> </u>		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975		:				
c	Add lines 10a and 10b			,			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ration,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2009 (column (f))		15	%
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve						
17	Investment income percentage for 20					17	%
18	Investment income percentage from				•	18	
	33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than		
•	more than 33 1/3%, check this box a						▶□
Ł	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organization					nstructions	▶ □

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

20-0295331

Part L Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete of the

Pa	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Iir		Is or Accounts. Complete if the
	organization answered 165 to Form 350, Falt IV, III	(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 adv	rised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	THE Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic st	tructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	i after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ►		
4	Number of states where property subject to conservation e	asement is located >	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements durin	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describe	s the organization's accounting for
	conservation easements		
Ра	rt III Organizations Maintaining Collections	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	e items.	
b	If the organization elected, as permitted under SFAS 116, to	o report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	····	> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for financ	
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. > \$
Ь			. • \$ • \$
	•	•	

		CHRISTIAN						<u> 20-02</u>	9533	1 P	age 2
Ра	rt III Organizations Maintaining C	collections of Ar	t, His	torical Tr	easures,	or Oth	er Simi	lar Asse	ts (cont	tinued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following the	at are a s	ignificant	use of its	collectio	n Item	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	rams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how ti	hev further ti	he organizat	ion's exe	mot purc	ose in Par	t XIV		
5	During the year, did the organization solicit o	r receive donations o	of art. h	storical trea	sures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			Г	Yes		No
Pa	rt IV Escrow and Custodial Arran					s" to For	m 990. P	art IV. line			
	reported an amount on Form 990, Par	rt X, line 21.	•	_					-,		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for	contribution	ns or other a	ssets not	included	I			
	on Form 990, Part X?		•					Г	Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing	table:						_	
	•		-	-			_	ļ	Amoun	t –	
С	Beginning balance						1c		7 4110 611		
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance			•			1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV.							_			
Pa	rt V Endowment Funds. Complete i	f the organization an	swered	"Yes" to Fo	rm 990, Parl	l IV, line 1	10.				
		(a) Current year		Prior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	708,880.		2,022.			-1		137.33	1	
b	Contributions	196,689.		4,196.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	··· ,· ·· , ··, ₄₁ .	1		
С	Net investment earnings, gains, and losses	12,538.		5,898.				***************************************	 		
d	Grants or scholarships	192,844.	4	0,000.				,1,1++++++**		'-'	
е	Other expenditures for facilities							•••••••••••••••••••••••••••••••••••••••	1	~~~~~	
	and programs					į					
f	Administrative expenses	4,060.		1,440.			***************************************	······································	1	······································	********
9	End of year balance	721,203.	70	8,880.	111	······································	, ,	***********			
2	Provide the estimated percentage of the year	r end balance held a	s:				•		·		
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 100.00	%									
С	Term endowment	%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administ	ered for t	he organ	zation			
	by:	•								Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations							•	3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the								00		
Pa	rt VI Investments - Land, Building				, Part X. line	10.					
	Description of investment	(a) Cost or of			or other	_	ccumulat	ed	(d) Boo	k valu	
	·	basis (investm		1	(other)	1 ''	preciation		(-, 500	, ulu	-
1a	Land .					· · · · · · · ·			-		
b	Buildings					<u> </u>					
	Leasehold improvements										
	Equipment							-+			
_ е	Other					t -					
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)			•			0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990 Part Y line	. 13	
			Method of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
		· · · · · · · · · · · · · · · · · · ·	
	719		
	· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a	a) Description		(b) Book value
			
	<u></u>		
		-	
	, 		
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15 l		•
Part X Other Liabilities. See Form 990, Part >	K. line 25.		
1. (a) Description of liability	,	(b) Amount	
Federal income taxes			
DUE TO LUBBOCK CHRISTIAN SCH	OOL	336,601.	
		•	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25.)	336,601.	<u> </u>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 LUBBOCK CHRISTIAN SCHOOL FO	OUNDAT	ION		<u> 20-0</u>	295331	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financia	I State	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		:	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. <u>L</u>	3			
4	Net unrealized gains (losses) on investments		<u> </u>	4			
5	Donated services and use of facilities	•••	. L	5			
6	Investment expenses			5			
7	Prior period adjustments		<u> </u>	7			_
8	Other (Describe in Part XIV)		<u> </u>	B			
9	Total adjustments (net). Add lines 4 through 8			9		_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			0			
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with	Kevenu	e per H	T T		
1	Total revenue, gains, and other support per audited financial statements				1	,	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11					
a	Net unrealized gains on investments	2a -			1 1	=	_
þ	Donated services and use of facilities	2b		_	-		
C	Recoveries of prior year grants	2c	_ ~				
d	Other (Describe in Part XIV.)	_2d			1 _		
e	Add lines 2a through 2d	•			2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·	_	-		
b	Other (Describe in Part XIV.) Add lines 4a and 4b	4b		_	1 . 1		
_C					4c 5		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) * XIII Reconciliation of Expenses per Audited Financial Stateme	ente With	Fynene	eas nar		rn	
1	Total expenses and losses per audited financial statements	CIILO VILI	Lypens	es per	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b		_	1 1		
c	Other losses	2c		.—-	1		
d	Other (Describe in Part XIV.)	2d	_		1		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			1		
c	Add lines 4a and 4b			_	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
	rt XIV Supplemental Information		· · · · ·	_	<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a a	nd 4: Part	IV. lines 1	b and 2	b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						,,
,			(to p. 0	,			
							

% ⊠ **Employer identification number** Schedule I (Form 990) 2009 UBBOCK CHRISTIAN SCHOOL. 20-0295331 OMB No 1545-0047 Open to Public 2009 TO PROVIDE SUPPORT TO Inspection (h) Purpose of grant or assistance ☐ Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of valuation (book, recash assistance or government assistance or government assistance or government. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. CASH Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 192,844, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LUBBOCK CHRISTIAN SCHOOL FOUNDATION 501(C)(3) Enter total number of section 501(c)(3) and government organizations 26-4232425 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization LUBBOCK CHRISTIAN SCHOOL Name of the organization LUBBOCK, TX 79407 Department of the Treasury 2604 DOVER AVE. Internal Revenue Service SCHEDULEI (Form 990) Part Part = H

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Employer identification number 20-0295331

Par	t I Types of Property							
L		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported of Form 990, Part VIII, line		letermınır	ng	
1	Art - Works of art		-				_	
2	Art - Historical treasures					•	_	
3	Art - Fractional interests		-					
4	Books and publications							
-5	Clothing and household goods		~ ~ .				_	
6	Cars and other vehicles							
7	Boats and planes			-				
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock	X	1	27,600). SALE PRICE	OF S	TO	CK_
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures .						_	
14	Qualified conservation contribution - Other				 _			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			<u> </u>				
21	Taxidermy	<u> </u>						
22	Historical artifacts	<u> </u>					_	
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
		uzation durin	a the tax year for	and ributions				
25							1	
	101 Which the organization completed form of	200, Fait IV,	Donee Acknowled	gilletit 29			Vac	No
302	During the year did the organization receive h	ny contributy	on any property re	norted in Part I lines 1.	28 that it must hold for		162	140
oou		=		•				
		CONTRIBUTION	, and which is not	required to be ased for	exempt purposes for	30a		х
h					•	300		
		policy that r	equires the review	of any non-standard co	ontributions?	31		Х
						•		
	_		J	, p. 00000, 01 0011101		32a		X
h	-						•	
		column (c) fo	r a type of propert	v for which column (a) i	s checked.			
			, - ,	,				
27 28 29 30a b 31 32a	Other () Other () Number of Forms 8283 received by the organ for which the organization completed Form 82 During the year, did the organization receive to at least three years from the date of the initial the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance Does the organization hire or use third parties contributions? If "Yes," describe in Part II. If the organization did not report revenues in describe in Part II.	283, Part IV, by contribution contribution policy that resident	Donee Acknowled on any property re , and which is not equires the review rganizations to sol	gment 29 ported in Part I, lines 1: required to be used for of any non-standard color, process, or sell nor	exempt purposes for . ontributions?	30a 31 32a	1 Yes	

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

Name of the organization

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

2009

Attach certified copies of any articles of dissolution, resolutions, or plans.

Employer identification number 20-0295331 LUBBOCK CHRISTIAN SCHOOL FOUNDATION

ı if addıtıonal	(g) IRC section of recipient(s) (if tax-exempt) or type of entity				
the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional	(f) Name and address of recipient				-
90, Part IV, line 31, or	(e) EIN of recipient				
nswered "Yes" to Form 99	(d) Method of determining FMV for asset(s) distributed or transaction expenses				
part if the organization ar	(c) Fair market value of asset(s) distributed or amount of transaction expenses			1	
rtion. Complete this	(b) Date of distribution				
Liquidation, Termination, or Dissolution. Complete this part if space is needed.	(a) Description of asset(s) distributed or transaction expenses paid				
Part	-				

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
 - Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) 2009

Yes No

8 သ 5a **S**b

Schedule N (Form 990 or 990-EZ) 2009 LUBBOCK CHRISTIAN SCHOOL FOUNDATION 20-0295331		Page	age 2
Part 1 Liquidation, Termination, or Dissolution (continued)		•	
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal ·0·		Yes No	9
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	3	

Attach a copy of the letter and, if applicable, the organization's request for the letter. 4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? b If "Yes," provide the date of the letter.

b If "Yes," did the organization provide such notice?

Did the organization discharge or pay all liabilities in accordance with state laws? 9

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Earn 900, E7 line 36, the Schedule N.1 if additional space is needed Part II

	Form 990-EZ, line 36. Use ochedule IV-1 II additional space is needed.	r I i additional space	e is needed.				
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
5,143 FINANC	5,143 SHARES OF AMERICAN STATE FINANCIAL CORPORATION STOCK	03/11/10	581,159.	581,159.SALE PRICE	26-4232425	LUBBOCK CHRISTIAN SCHOOL 2604 DOVER AVE, LUBBOCK, TX 79407	501(C)(3)
							_

Did or will any officer, director, trustee, or key employee of the organization:

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

O

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Yes | No

2a2 8

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** LUBBOCK CHRISTIAN SCHOOL FOUNDATION 20-0295331 FORM 990, PART VI, SECTION A, LINE 2: CERTAIN BOARD MEMBERS HAVE FAMILY RELATIONSHIPS AND/OR BUSINESS RELATIONSHIPS WITH OTHER MEMBERS OF THE BOARD. FORM 990, PART_VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED AND REVISED ITS BY-LAWS. FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE MEETING MINUTES WERE NOT CONTEMPORANEOUSLY DOCUMENTED. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION MAKES ITS FEDERAL TAX RETURN AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICES IN LUBBOCK, TEXAS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICES IN LUBBOCK,

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 20-0295331 OMB No 1545-0047 Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A End-of-year assets status (if section Public charity 501(c)(3)) **e** LINE 2 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section Ð 501(C)(3) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TEXAS SCHOOL FOUNDATION LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. PRE-KINDERGARTEN THROUGH SECONDARY SCHOOL GRADES Primary activity Primary activity 3 TWELTH GRADE CHRISTIAN - 26-4232425 LUBBOCK Name, address, and EIN Name, address, and EIN of related organization of disregarded entity LUBBOCK CHRISTIAN SCHOOL Name of the organization LUBBOCK, TX 79407 Department of the Treasury Internal Revenue Service 2604 DOVER AVE. SCHEDULE R (Form 990) Part Part

20-0295331 Page 2

Schedule R (Form 990) 2009 LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner? Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ <u>e</u> Legal domicile (state or foreign country) Direct controlling entity Primary activity € 9 Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009 LUBBOCK CHRISTIAN SCHOOL FOUNDATION

Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		X	Yes No	و ا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity		1a	×	5 4
		4	×	
c Gift grant, or capital contribution from other organization(s)		1	×	یرا
		무	×	.
		9	×	١
e Loais of Ioail guarantees by other organization(s)		2	-	
		;	^	1
f Sale of assets to other organization(s)		=	< ;	ا.
g Purchase of assets from other organization(s)		19	<u>×</u>	اب
h Exchange of assets		무	×	اب
i Lease of facilities, equipment, or other assets to other organization(s)		-	×	Ų
i Lease of facilities, equipment, or other assets from other organization(s)		1j	X	.
k Performance of services or membership or fundraising solicitations for other organization(s)		+	×	1
Performance of services or membership or fundraising solicitations by		├	×	
m Sharing of facilities an incoment mailing lists or other assets		┝	×	
Organists equipment, maining isto, or other assets		┿	*	
n Sharing of paid employees		=	4	
			*	1,
o Reimbursement paid to other organization for expenses		9	۲:	ا ر
p Reimbursement paid by other organization for expenses		1 0	×	.
			-	1
q Other transfer of cash or property to other organization(s)		4	×	<u>.</u>
r Other transfer of cash or property from other organization(s)		11	×	اب
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	saction thresholds.			
(6)	3	9		
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved	
4 LIBROCK CHRISTIAN SCHOOL	ф	192	.844	-:
				1
(2)				1
				I
(4)				
•				
(C)				1
(9)				
932163 02-04-10	Schedul	Schedule R (Form 990) 2009	90) 200	60

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(0)	(g			(6)	
Name, address, and EIN of entity	Primary activity	a e	Are all partners section 501(c)(3) organizations?	Share of o	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedille K-1	General or managing partner?
		country)	Yes No	-	1	(Form 1065)	
					1		
				•			
					_		·
							-
				-			
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							_
					-		_
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						Schedule R (Form 990) 2009	n 990) 2009