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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

<u>A</u>	For th	e 2009 ca	lendar year, or tax year beginning AUG 1, 2009 and ending	JUL 31, 2010						
В	Check if applicab	Please use IRS	C Name of organization	D Employer identif	ication number					
	Addre	ess label or	COMMUNITY CHRISTIAN ACADEMY							
	Name	ge type	Doing Business As	47-1	810525					
Initial See Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
	Termi	Instruc-	4706 Park Center Northeast	(360						
Ļ	Amer return Appli	1	Crty or town, state or country, and ZIP + 4	G Gross receipts \$	<u>3,418,320.</u>					
L	tion pendi	,,,, <u> </u>	Lacey, WA 98516	H(a) Is this a group r						
			ne and address of principal officer:Robert L. Helstrom	for affiliates?	Yes X No					
_	Tayay		t Office Box 3887, Lacey, WA 98509-388 is X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527							
			us $X = 501(c)(3) $ (insert no.) 4947(a)(1) or 527 w.cca-olympia.org		list. (see instructions)					
				H(c) Group exemptions 1998	M State of legal domicile: WA					
	art I	Summa		car or formation. 1330[1	W Clate of legal dofficie. VV21					
_	1	Bnefly des	scribe the organization's mission or most significant activities: Provide	school educat	ion					
Activities & Governance										
ern8	2	Check this	s box if the organization discontinued its operations or disposed of m	ore than 25% of its net a	ssets.					
Š	3		f voting members of the governing body (Part VI, line 1a)	3	10					
<u>«</u>			f independent voting members of the governing body (Part VI, line 1b)	4	5					
ijes			ber of employees (Part V, line 2a)	5	139					
Ĕ			ber of volunteers (estimate if necessary)	<u>6</u>	250					
ĄĊ	1		s unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.					
	b	Net unrela	ted business taxable income from Form 990-T, line 34	. 7b	0.					
		Contributu	one and grants (Post VIII. line 1h)	Prior Year 33,331.	Current Year					
Revenue	1		ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g)		40,956. 3,242,173.					
Ş.		_	3,308,044. 7,655.	101.						
æ			it income (Part VIII, column (A), lines 3, 4, and 7d) nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,929.	135,090.					
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,487,959.	3,418,320.					
	1		d similar amounts paid (Part IX, column (A), lines 1-3)	172,246.	258,038.					
	1		aid to or for members (Part IX, column (A), line 4)		23070301					
ģ	1		ther compensation, employee benefits (Part IX, column (A), lines 5-10)	1,804,589.	1,691,259.					
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)							
X De	ь	Total fund	raising expenses (Part IX, column (D), line 25)		では、 おは、 経済に対し、 は、					
Ω	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24)—CFIVFD	1,672,995.	1,673,433.					
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,649,830.	3,622,730.					
	19	Revenue le	ess expenses. Subtract line 16 from line 12	<161,871.	> <204,410.>					
Sor			정 DEC 2 0 2010 역	Beginning of Current Year	End of Year					
Sset	20		ts (Part X, line 16)	522,640.	480,445.					
Net Assets or Fund Balances	21		ties (Part X, line 26)	707,612.	869,827.					
22 100	22	Net assets	or fund balances. Subtract line 21 from line 20	<184,972.	<389,382.>					
Ties Ties			ure block les of perjury, I declare that I have examined this return, including accompanying schedules and statemen	to and to the heat of my knowled	no and holief it is true correct					
		and complete	Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ige	ge and belief, it is due, correct,					
Z V Sigi		× ×	med Meses	1/2/1	12</td					
ug.	<u>'</u>	Sugna	ature of officer	Date	5/10					
Щ		▶ Kar	rl Meier, Treasurer & Board Member							
SE ANNE		Type	or print name and title							
ব		Preparer's			er's identifying number					
Paid	arer's	signature		self- employed ▶ ☐ (see ins	structions) -					
		Firm's name of	Strader Hallett & Co., P.S.	EIN ►						
use	Only	self-employe	¶ ► 5209 Corporate Center Court Southeas		·					
	address, and ZIP+4 Lacey, Washington 98503 Phone no. ► (360) 456-2100									
Мау	the IF	RS discuss	this return with the preparer shown above? (see instructions)		X Yes No					
9320	1 02-04	4-10 LHA	For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstructions.	Form 990 (2009)					

Form 990 (2009)		CHRISTIAN	ACADEMY	<u>47-181</u> 0525	Pa	age
Part IV Checklist of	Required Schedu	iles				
					Yes	No

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₹.
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? 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) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		~
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		•
_	Schedule D, Part III	8		X
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			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		₩.
	If "Yes," complete Schedule D, Part V	10	-	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v	
	as applicable	11 ===================================	X	22042
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- 3		
•	Part VI.			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Z de la
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			Z N
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	表现		.
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's separate or consolidated linarical statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	医单		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12		X
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	120	10.00	
1201	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13	X	37.2.
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	l	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		X
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	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		X
20 _	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			200	

Form 990 (2009), COMMUNITY CHRISTIAN ACADEMY 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	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			Ì
	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		
d	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25 <u>a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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	l	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	\mathbf{x}	
		Form		2009)
				,

47-1810525

Form 990 (2009) COMMUNITY CHRISTIAN ACADEMY
Part V 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		S James	
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	整		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	15.50		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			FEET
	filed for the calendar year ending with or within the year covered by this return 2a 139			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		X
þ	If "Yes," enter the name of the foreign country. ▶	漢葉	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	数据
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	1		
	Tax Shelter Transaction?	5c		L
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Louis Facilities	- - ()
7	Organizations that may receive deductible contributions under section 170(c).		i ii	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
	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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	MAR'T	i Têr	T.
	benefit contract?	7e		X
Ţ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	a love	w.den
8	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	33484	LANGE
9	Sponsoring organizations maintaining donor advised funds.		## 25°	-100 Miles
	Did the organization make any taxable distributions under section 4966?	9a	200.11	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Ю	Section 501(c)(7) organizations. Enter:	AND	123	Brigh
	Initiation fees and capital contributions included on Part VIII, line 12			10 B
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	THE COLUMN		
	Gross income from members or shareholders		3.4	
	Gross income from other sources (Do not net amounts due or paid to other sources against	(4 / A) (32 / C)		1
	amounts due or received from them.)	1	14. 2 T	数
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~~·-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	2 - 3		:45
	The state of the s		~~~	

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.

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body 1a	10			10
b	Enter the number of voting members that are independent 1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	dian			
	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?	. L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
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	Γ			
	governing body?	L	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	(A)		爾	
	by the following:	100			
а	The governing body?	. [8a		X
b	Each committee with authority to act on behalf of the governing body?	. Г	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	[10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Γ			
	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
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	117		255	í Ú
12a	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 use	Γ			-
	to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Γ	Ì		
	ın Schedule O how this is done	- 1	12c	ľ	
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	22	25.5	海 沙	157
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1			
а	The organization's CEO, Executive Director, or top management official	[15a	X	
b	Other officers or key employees of the organization	. Г	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	12			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1			
	taxable entity during the year?	Ŀ	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	n N			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	in			
	exempt status with respect to such arrangements?		16b		
Sec	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►WA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa	ible fo	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	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	y, and	fingr	rcial	
	statements available to the public.				
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nzatic	n: ►		
	<u> Karl Meier - 360-491-6320</u>				
	4550 Third Avenue Southeast, Lacey, Washington, WA 98503				

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 (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 organization did not c		y cu								
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					1. A	Reportable	Reportable	Estimated amount of
	hours per		1		all trat apply)		(y) 	compensation from	compensation from related	other
	week	rector				ł		****	organizations	compensation
		P of	2			sated		organization	(W-2/1099-MISC)	from the
		ruste	E		ee l	mpen		(W-2/1099-MISC)		organization
		ndividual trustee or director	nstitutional trustee		Key employee	estco	.			and related
		ind.	Instit	Officer	Key	Highest compensated employee	를			organizations
Robert Helstrom										
President/Board Chair	3.00	X		X				0.	0.	0.
Alan Moore										
Board Member	1.00	X			<u> </u>			0.	0.	0.
Karl Meier										
Treasurer/Board Member	1.00	X		X				0.	0.	0.
Darvin Barnes	i		}]				1		
Board Member	1.00	X					L.,	0.	0.	0.
Yvonne Helstrom										_
Secretary/Board Member	1.00	X		X			<u></u>	0.	0.	0.
Rick Graham										
Voting Elementary Princi	40.00	X		L		_		42,266.	0.	8,544.
Al Lynch	_								_	_
Former Voting H.S. Princ	40.00	X						31,640.	0.	0.
Michelle Jewett									_	
Voting Preschool Directo	40.00	X				Ш	_	29,487.	0.	8,544.
Bob Willey	40.00	_	:							0 = 4.4
Voting School Superinten	40.00	X		X				59,000.	0.	8,544.
Terry Ketchum	40.00							00 001		4 015
Voting High School Princ	40.00	X						20,801.	0.	4,217.
	 -					\vdash				

ٿ	Section A. Officers, Directors, Tr (A)	tors, Trustees, Key Em				<u>nd </u> C)	High	est	Compensated Employ (D)	rees (continued) (E)	(F)
	Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
		hours per week	Individual trustee or director	heattutional trustee	Officer		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	other compensation
						_					
								-			
								_			
	Total	<u> </u>							183,194.		29,849.
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	ove) wh	o re			· · ·
	compensation from the organization										Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, key	em	ploy	/ee, ·	or h	ighest compensated en	nployee on	3 X
4	For any individual listed on line 1a, is the su				nsa	tion	and	oth	er compensation from t	he organization	
5	and related organizations greater than \$150			-					••		4 X
<u> </u>	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				Om	any	unre	Hate	ed organization for servi	ces rendered to	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest co the organization NONE	mpensated ind	lepe	nder	nt co	ontr	acto	rs th	nat received more than	\$100,000 of compe	ensation from
-	(A)							Т	(B)		(C)
	Name and business	address						+	Description of s	ervices	Compensation
			-								
		···									gw _ v v v z _ c _ hezza. V
2	Total number of independent contractors (ii \$100,000 in compensation from the organization from the organizati		ot lim	nited	to 1	thos O		ted	above) who received m	ore than	
	,						-				Form 990 (2009)

3418320.

9

3242173.

e Total, Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

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

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	258,038.	258,038.		
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,			CONC. CHILD A SHELL THE STREET STORY.	STATES TO STATES OF THE SHAPE STATES
	trustees, and key employees	189,775.	189,775.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2037	2037.130		
7	Other salanes and wages	1,279,651.	1,279,651.		
8	Pension plan contributions (include section 401(k)	1,2,3,031.	1,213,031.		
_	and section 403(b) employer contributions)				
9	Other employee benefits	84,460.	84,460.		
10	Payroll taxes	137,373.	137,373.		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g	Other				
12	Advertising and promotion	18,213.	18,213.		
13	Office expenses	25,713.			
14	Information technology	13,116.	13,116.		
15	Royalties		,,		
16	Occupancy	1,158,631.	1,158,631.		
17	Travel	7,263.	7,263.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings				
20	Interest	17,427.	17,427.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,059.	40,059.		
23	Insurance .	31,098.	31,098.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	TERRY CAPTER SEALING	元 4000000000000000000000000000000000000	,44 PM 457-279-748.	Court with the contract
а	Custodian Expense	81,848.	81,848.		
b	Extra Curricular Sports	51,229.	51,229.		
С	Curriculum Expenses	42,509.	42,509.		
d	Kitchen Expenses	37,385.	37,385.		_
е	Bad Debts	31,283.	31,283.	··· · · · · · ·	
f	All other expenses	117,659.	117,659.		
25	Total functional expenses Add lines 1 through 24f	3,622,730.	3,622,730.	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				

	rt X	Balance Sheet	11	4/-	-1010345 Page II
			(A)	Τ	(B)
	,		Beginning of year	1	End of year
	1	Cash - non-interest-bearing	32,731	. 1	489.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section			
	İ	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			P. F. F. B. B. F. F. F. B.
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	. 66	. 9	406.
	10a	, 3-, 4			
		basis. Complete Part VI of Schedule D 10a 680,			
	ь	Less. accumulated depreciation 10b 202,	463. 487,843	• 10c	477,550.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets	14		
	15	Other assets See Part IV, line 11	2,000		2,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	522,640		480,445.
	17	Accounts payable and accrued expenses	12,378	. 17	105,703.
	18	Grants payable		18	
	19	Deferred revenue	450,728	T	519,664.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D	the Annual recognition of the transition of the	21	to a little of the land on the land of the
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	the state of the s		
Liat		highest compensated employees, and disqualified persons Complete Pa			
_		of Schedule L	244,506		244,460.
	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities. Complete Part X of Schedule D	707 (12	25	0.60 0.07
	26	Total liabilities. Add lines 17 through 25	707,612	26	869,827.
_		Organizations that follow SFAS 117, check here and comp	lete		
Š	07	lines 27 through 29, and lines 33 and 34.		10778	
la l	27	Unrestricted net assets	• • •	27	
<u>8</u>	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
š	29	Permanently restricted net assets		29	ist of the section of the section
ᄪ		Organizations that do not follow SFAS 117, check here X an complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds	0	FEE	
sse	31	Paid in or capital surplus, or land, building, or equipment fund	. 0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	<184,972	-	<389,382.
S	33	Total net assets or fund balances	<184,972		<389,382.
- 1	33	Total her assets of fulfu balances	L <104,3/4	 	<307,304.3

480,445. Form **990** (2009)

34 Total liabilities and net assets/fund balances

	990 (2009) COMMUNITY CHRISTIAN ACADEMY	<u>47-1810525</u>	Pa	ge 12
Par	t XI, Financial Statements and Reporting			
			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		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o	She She		
	consolidated basis, separate basis, or both:			
	Separate basis 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 Singl	le Audit	i	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

Act and OMB Circular A-133?

. ..

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization Employer identification number 47-1810525 COMMUNITY CHRISTIAN ACADEMY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization rganizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

P	Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
50	(Complete only if you checke	ed the box on line 5	o, 7, or 8 of Part I.)				
	ction A. Public Support	T	r		т		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not					1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	l'					
	furnished by a governmental unit to				İ		
	the organization without charge					ļ	
4	Total. Add lines 1 through 3	ANNOTATION AND THE STATE OF THE	No. 15. mile William Carlot	The secretarily of the second of the fifth	Fre was see the Co Teer place	- Ar man of the wife of the same of the same	
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)						
_							
50	Public support. Subtract line 5 from line 4 ction B. Total Support	(金融) (12.30E)			C. Marie Land	EEE, Carl Separate Mark	
		(-) 0005	# 1 0000	4) 0007	/ n 0000	() 0000	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 Gross income from interest,						
8	•						
	dividends, payments received on securities loans, rents, royalties			·			
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the	:					
	business is regularly carried on						
10	Other income. Do not include gain				<u> </u>		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		ons)	ACCEPT PRESSER TO	TOWNS IN TOWNS THE CAN'T'L	12	
	First five years. If the Form 990 is for	*		d. fourth, or fifth ta	 Ix vear as a section		
	organization, check this box and stor				. ,	(0)(0)	
Sec	tion C. Computation of Publ	ic Support Per	centage	· ·			<u> </u>
14	Public support percentage for 2009 (I	ine 6, column (f) dı	vided by line 11, o	olumn (f))		14	%
	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2008. If the or	rganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	rfies as a publicly s	upported organiza	ation			. ▶□
17a	10% -facts-and-circumstances test	t - 2009.If the orga	nization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% or	more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			. ▶□
b	10% -facts-and-circumstances test					7a, and line 15 is 10	% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test	The organization o	jualifies as a public	cly supported orga	ınızatıon	. ▶□
18	Private toundation. If the organizatio	n did not check a t	ox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶□

P	art III Support Schedule for C	Organizations	Described in	Section 509/a)(2) (0lete onl	u f vou shoeked the h	Page 3
Se	ction A. Public Support	Ji gariizations	Described in	Section Sos(a	N=J (Complete on	y if you checked the bo	ox on line 9 of Part I.
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")		İ				
_	- · · · ·					 	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose				 		
3	Gross receipts from activities that				ŀ		
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>				
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to			1			
	or expended on its behalf					ļ <u>.</u>	
5	The value of services or facilities						
	furnished by a governmental unit to				1		•
	the organization without charge		 		ļ		
	Total. Add lines 1 through 5		<u> </u>		ļ		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	三、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李			AND TELE	学改立 直接公司语	
Se	ction B. Total Support				,		
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<u> </u>					
10a	Gross income from interest,				į		
	dividends, payments received on securities loans, rents, royalties			1			
	and income from similar sources						
t	Unrelated business taxable income		1				
	(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 carned on					1	
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)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a secti	on 501(c)(3) organiz	ation.
	check this box and stop here	3	,	-,			▶□
Sec	ction C. Computation of Publi	c Support Pe	rcentage		<u> </u>		
15	Public support percentage for 2009 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16			•			16	%
Sec	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)		17	%
18	Investment income percentage from 2	,	•	(,,	•	18	%
	33 1/3% support tests - 2009. If the			on line 14, and line	 15 is more than		
	more than 33 1/3%, check this box ar	_					▶ □
h	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						
							=

Community Christian Academy Financial Aid, Account 5000 August 1, 2009-July 31, 2010

Name	Amount
Arnold, Robert & Tina	12,833.04
Bates, Tim & Allison	2,745.38
Billings, Jennifer	85.00
Blain, Charles & Debra	1,121.86
Borrego, Roger & Alisa	5,336.34
Boylan, Tım & Amanda	2,349.52
Burres, Tod & Lisa	375.00
Carras, Chris & Marjorie	2,499.96
Carrillo, Norman & Dawn	6,350.00
Cate, Vicki	3,994.45
Charette, Dawn / Robert Knieriem	550.00
Charron, Wendy	156.67
Choi, Yoon-Jeong (Rachel)	750.00
Coler, Michele	3,031.63
Crane, Sandra	179.17
Damıtıo, John & Andrea	2,599.96
Day, Chrissy	710.00
Derrick, Mitchell & Lisa	5,765.10
Dillingham, Torus & Rachel	1,700.00
Dominguez, Lawrence & Elsa	3,000.00
Downey, Kevin & Diana	6,760.00
Dunn, Rodger & Christine	2,175.00
Edwards, Curtis & Carrie	2,910.38
Elguero-Smith, Phoenix (Rachel Smith L.)	3,076.32
Everett, Stacy (Moyes)	5,300.20
Fennell, Scott & Caressa	5,500.00
Fuller, Robert & Suzi	4,814.99
Gadbow, Lynne (Rhyan-Gadbow)	2,040.00
Gibbons, Tom & Christina	2,274.96
Graham, Rick	8,000.00
Gudyka, Ronald & Kimberly (Quinlan)	1,270.00
Hallmann, Price & Maria	140.00
Hamilton, Braden & Erin	2,314.95
Hamilton, Scott & Kristin	12,820.84
Hancock, Carl & Cynthia	3,150.00
Hanners, Daniel & Heather	1,825.00
Hansen, Mike & Lisa (Cook)	333.04
Herr, Susan	467.50
Isoz, Kathy	3,000.00

Community Christian Academy Financial Aid, Account 5000 August 1, 2009-July 31, 2010

Jones, Ted & Shirley	4,500.00
Jordan, Doug & Melissa	2,420.00
Keesee, Robert & Rebecca	12,538.13
Koukal, Marshall & Ann-Charisse	2,649.96
Krist, Robert & Tammie	3,075.00
Lebien, Gregory & Gloria	6,699.94
Lindstrom, Grant & Jeanette	6,430.00
Lovik, Dena	3,000.00
McGregor, Ross & Diane	1,500.00
McNair, Michael & Christina	2,690.00
Meier, Karl	4,150.00
Missildine, Michael & Jolena	1,590.05
Moore, Ed & Linda	1,664.56
Motz, David & Lynanne	5,600.00
Orgeron, Danny & Andrea	5,840.00
Phillips, Ben & Dottie	3,087.50
Potis, Christina	7,131.17
Powell, Steve & Carrie	8,470.00
Salo, Frank & Linda	8,350.00
Shoemaker, Michael & Susan	2,925.01
Sorrell, Daniel & Lisa	2,175.00
Sotak, Monique	2,115.00
Sowers, Tad & Katherine	5,350.00
Stacy, Mike & Sherry	2,200.00
Stone, Lisa (Eaves Stone, Brandy)	1,540.00
Thomas, Randall & Barbara	1,556.25
Twiddy, Ron & Tamara	73.33
Wadsworth, Charles & Robin	2,910.38
Webster, Tom & Kristin	1,245.00
West, Jeff & Kım	8,000.00
Wilson, Michael & Katya	5,500.00
Worthen, Jana (Walker)	1,764.00
Wyatt, Stefanie	4,991.00
•	

\$258,037.54

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.

OMB No 1545-0047 Inspection:

Name of the organization **Employer identification number** COMMUNITY CHRISTIAN ACADEMY 47-1810525 Part le Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (dunng year) Aggregate value at end of year 4 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 exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ... 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

conservation easements.

b Assets included in Form 990, Part X

932051 02-01-10

- 1a If the organization elected, as permitted under SFAS 116, not 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 public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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 public service, provide the following amounts relating to these items:

(i)	Revenues included in Form 990, Part VIII, line 1		 	>	\$
(ii)	Assets included in Form 990, Part X		 	. >	\$
16 4	ha araanisahan raaaniad oo baldadaa of ook bta	 	 4		

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
- the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2009

		TY CHRISTI				4	<u>7-18105</u> 2	25 F	² age 2
Рa	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures,	or Oth	er Similar	Assets (cor	tinued	1)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of th	e following th	at are a	significant us	e of its collecti	on iten	าร
_	(check all that apply). Public exhibition		. 🗀						
a		ď	_	change prog					
b	Scholarly research	€	e L Other	<u> </u>					
С	Preservation for future generations								
4	Provide a description of the organization's c						n Part XIV.		
5	During the year, did the organization solicit				her sımıla	ır assets			_
b 5	to be sold to raise funds rather than to be m						Yes		<u> No</u>
Pa	rt-IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if organization a	answered "Ye	es" to Fo	rm 990, Part I	IV, line 9, or		
12	Is the organization an agent, trustee, custod		tiany for contribution	one or other a	ecate no	t included			
Ia	Farm 000 Dark VO	nan or other intermet	diary for contribution	ons or other a	35612 110	rinciaded	Yes] No
L							. L Tes	L	_ 140
D	If "Yes," explain the arrangement in Part XIV	and complete the to	blowing table:				A		
	Degradus halana						Amou	nt	
С.	Beginning balance			•••	••	1c			
a	Additions during the year					. 1d	 		
е	Distributions during the year			•	-	1e			
f	Ending balance					1f			
2a			21?			٠	. L Yes	L	_l No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	if the organization ar	swered "Yes" to F						
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three year	s back (e) For	ır years	back
1a	Beginning of year balance						2 / E		
b	Contributions								
С	Net investment earnings, gains, and losses			True San					
d	Grants or scholarships					"特别" 加			
е	Other expenditures for facilities								
	and programs								H. B
f	Administrative expenses			100					
g	End of year balance					THE SHE			
2	Provide the estimated percentage of the year	r end balance held a			X 30 30 0 0 0000				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
-		%							
32	Are there endowment funds not in the posse	· -	ation that are held:	and administ	ered for t	he organizati	on		
-	by.	obblion of the organiza	ation that are new	and dominist	ered for t	ne organizati	011	Yes	No
	(j) unrelated organizations						2=(1)	1	110
		•	•	•••			3a(i)		
_	.,		. 0-5-4-1- 50				3a(ii)	' 	
b	If "Yes" to 3a(ii), are the related organizations						. 3b	<u> </u>	L
Pár	Describe in Part XIV the intended uses of the	organization's endo	owment funds.	0 D-+ V l	10		_		
, r, ai	·· · · · · · · · · · · · · · · · · · ·				T				
	Description of investment	(a) Cost or o	1 , , ,	st or other s (other)	, , -	ccumulated preciation	(d) Boo	ok valu	е
1a	Land						<u></u>		
b	Buildings								
C	Leasehold improvements		50	04,713.		65,659	43	9,0	54.
d	Equipment			75,300.	<u> </u>	136,804		8,4	
	Other			,_,	 			-, -	<u> •</u>
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X column (R) line	10(c))			47	7,5	50.
			· ·, · · · · · · · · · · · · · · · · ·					<u> </u>	

Schedule D (Form 990) 2009

``OMMTNTT™	CHRISTIAN	$\Delta \cap \Delta \cap FMV$

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		(c) Method of valu Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
		· ·		
	 	 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				<u></u>
				
				_
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990 Part Y line		x-0.00 LL	
		1	(c) Method of valu	ation.
(a) Description of investment type	(b) Book value		Cost or end-of-year ma	
				
		 		
				<u> </u>
				<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		ALC: HER VIN	WHEN THE PROPERTY OF THE	
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
				· · · · · · · · · · · · · · · · · · ·
				
·	_			
	 		.	
			<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities. See Form 990, Part X,	Ine 25.		<u> </u>	<u> </u>
1. (a) Description of liability		(b) Amount	W-32 - 28 E-85	
Federal income taxes				
ederar ilitorne raxes				
				THE PROPERTY OF THE PROPERTY O
			日本の 機能の 単れ	被手指的操纵。4.2
Total. (Column (b) must equal Form 990, Part X, col (B) line	251			
rotal, (Column ID) must equal roim 330, Fait A, COI (B) line	25) .		[<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. 932053 02-01-10

	COMMONITY CHRISTIAN ACADEMY			47-101052	5 Page
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audite	d Financ	cial State	ements	
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		3		
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 through 8	Ī	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		
Pai	t XIII Reconciliation of Revenue per Audited Financial Statements With	h Reven	ue per f	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• •	••••		
а	Net unrealized gains on investments 2a				
b	Donated services and use of facilities 2b				
C	Recovenes of prior year grants 2c				
d	Other (Describe in Part XIV)				
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	•		48.50	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)				
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	• • • • • • • • • • • • • • • • • • • •		5	
	t XIII Reconciliation of Expenses per Audited Financial Statements Wit	th Expe	ises per		
1	Total expenses and losses per audited financial statements		100 <u>0 po</u> .	1.0.0	·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • •	•	Y4734	
_					
a	_ " " +-				
b	· · · · · · · · · · · · · · · · · · ·				
C	· · · · · · · · · · · · · · · · · · ·				
d	Other (Describe in Part XIV.)				
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:			A Control of the Cont	
a	Investment expenses not included on Form 990, Part VIII, line 7b		 		
ь	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		•	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	tiXIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a				
X, line	2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this p	art to prov	ide any ad	ditional information	ו
					

SCHEDULE E

(Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

or Form 990-EZ, Part VI, line 48. ➤ Attach to Form 990 or Form 990-EZ.

COMMUNITY CHRISTIAN ACADEMY

Employer identification number

47-1810525 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. X If you need more space, use Schedule O (Form 990) 3 The school includes a nondiscriminatory policy in handbooks and advertisements made available to the general public Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? X Employment of faculty or administrative staff? Scholarships or other financial assistance? 5d X Educational policies? X Use of facilities? X Athletic programs? X Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)

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

Schedule E (Form 990 or 990-EZ) 2009

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Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public

° N

Employer identification number 47-1810525 (h) Purpose of grant or assistance X 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

(b) EIN (c) IRC section if applicable cash grant assistance or government or government assistance or government control or government assistance or government control or government assistance or government control or gov 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. COMMUNITY CHRISTIAN ACADEMY Part [| General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Part II.

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Schedule I (Form 990) 2009

25

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See attached policies on tuition assistance and scholarship and (d) Amount of non-cash assistance Ö 258,038, (c) Amount of cash grant 26 (b) Number of recipients 72 (a) Type of grant or assistance See Attached List discounts, 932102 02-02-10

Page 2

47-1810525

COMMUNITY CHRISTIAN ACADEMY

Schedule I (Form 990) 2009

Part III

Community Christian Academy

Tuition Assistance

2.160.1

It was the hope of the founders of the school that no one would ever be turned away from Christian education because of a lack of ability to pay tuition. It should be noted, however, that private education in a Christian environment will always require commitment and sacrifice on the part of the parents.

The following guidelines are set forth to provide direction and policy:

- 1. Tuition assistance is granted in the form of discounts to families with more than one student enrolled at CCA.
- 2. Applications for financial aid are due June 1st each year. A formal application is to be filled out and returned to the office to be presented for consideration at the June School Board meeting. Each application will be considered on it's own merit. This process must be done each year, as scholarships are not automatically renewable.
- 3. Maximum tuition assistance will be set at 50%. Where the board agrees upon a greater amount, the minimum payment will be set at \$50.00 per month for an eleven month period plus registration fees.
- 4. All tuition assistance recipients should be encouraged to gradually increase their share of the payments. Those who are receiving tuition assistance are encouraged to look upon it as a loan and should consider paying it back upon completion of their children's attendance at CCA.



"equippling youth for tomorrow"

Scholarship and Discount policies (proposed March 1999) Approved 4/3/99

2.151.3

Registration: \$175 fee for the first child. Second child is \$150; third \$125, and so on, To pay registration one must be fully paid up for the current school year. If a family cannot pay the registration fully, monthly payments can be arranged as long as the registration is paid in full by August 1 (During this time the funds paid will reserve the child's classroom place.

2.135.1

Staff pays normal registration fees and field trip fees. The tuition is provided for the first child, the second child is a 85% reduction, the third a 80%, fourth a 75%, and so on. No other discounts apply.

2.160.1

All scholarships are on a first come first serve basis beginning in July. For the 2000 - of school year \$1000 per month can be given in scholarships. Families that need a scholarship may apply at the time of registration, pay their registration with the understanding it will be refunded if the scholarship is denied. If the scholarship is approved, all other discounts do not apply.

2.132.1

Pastor's discounts will be 50% of the tuition. Registration fees and field trip fees must be paid in full. No other discounts apply.

2.131.1

A \$10 discount will be given for each family who pays before the 5th of the month.

2.133.1

Families with more than one child in the school receives a 10% discount on fullion for each child after the first child.

2.103.1

For those families who wish to pay tuition annually in full, there is a 5% discount on tuition after the monthly discount has been deducted.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification nu

OMB No 1545-0047

Name of the organization								E	mployer	identif	ication r	number	
COM	MUNITY	CHE	RISTIA	N ACADEM	ſΥ			4	7-18	1052	5		
Part Excess Benefit	Fransacti	ons (s	ection 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only).						
Complete if the organ	ization ansv	wered "	Yes" on For	m 990, Part IV,	line 25a o	r 25b, or For	m 990-E	Z, Part	V, line 40)b			
1 (a) Name of disc	usified ner	eon			(b)	Description of	of tranca	ction			(c) Corrected		
(a) Name of disc	dained pers	3011) liaiisa				Yes	No	
				<u> </u>							ļ	<u> </u>	
				 									
					 .						ļ		
2 Enter the amount of tax impor	sed on the o	organiza	tion manag	ers or disqualifi	ed persor	s during the	vear un	der					
section 4958	_	J					,		▶ \$				
3 Enter the amount of tax, if any	y, on line 2,	above, i	reimbursed				٠		> \$				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·									
Part II Loans to and/or													
Complete if the organ				m 990, Part IV,	ine 26, or	Form 990-E	Z, Part V	, line 38					
(a) Name of interested person and purpose	(b) Loan t the organ			iginal principal amount	(d) Bal	ance due	(e) defa		by bo	oroved ard or	(g) Written agreement?		
person and purpose		Τ	 i	amount					comm		+		
The Helstrom Char	то Х	Fron		24E 100	24	4,460.	Yes	No X	Yes	_No	Yes	No_	
The Heistrom Char				245,199.		4,400.			<u> </u>				
			- -										
						··							
													
Total				▶ \$	24	4,460.			1300		。如果	是李邦	
Part III Grants or Assist	ance Ber	nefitin	g interes	ited Persons	s.								
Complete if the organ	ization ansv	vered "Y											
(a) Name of interested po	erson	- 1	(b) Rei	ationship between	en interes		and			ount and	d type of ce	f	
				110 01				-	·				
								-					
								-					
				-				T					
Part IV Business Transa			•										
Complete if the organ	ization ansv	vered "Y	es" on Fon	m 990, Part IV, I	line 28a, 2	8b, or 28c		·			7-105-		
(a) Name of interested po	ship between in		(c) Amor		, , ,	Descript transacti		òrganız					
			person	and the organiz	ation	transac	HOI	'	ransacu	OH	reven		
Cordon Scott Wine		-	00-1-	124 25	haa	30	Enn	D = =	01		Yes	No_	
<u>Gordon Scott Vinza</u> Kari L. Meier	ant			-law of					eived co eived co			X	
The Helstrom Found	dation			of boar member i					<u>eive</u>			X	
THE HOLDSTON I OUIN		<u></u>	July 1	"CIIINCT T	<u> </u>	200	, - 0 +	1	CTVC	<u>~ + C</u>			
								+		•			

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Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

SCHEDULE,O

(Form 990)

932211 02-03-10 Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

Name of the organization

COMMUNITY CHRISTIAN ACADEMY

Employer identification number 47-1810525

Form 990, Part VI, Section A, line 2: Robert Helstrom, President/Board
Chair, and Yvonne Helstrom, Secretary/Board Member are married.
Robert Helstrom, President/Board Chair, is the father-in-law of Karl Meier,
Treasurer/Board Member.
Yvonne Helstrom, Secretary/Board Member, is the mother-in-law of Karl
Meier, Treasurer/Board Member.
Form 990, Part VI, Section A, line 6: Organized as a non-stock and
non-profit entity without members, governed by a self-perpetuating board of
directors.
Form 990, Part VI, Section A, line 8a: The organization does not always
contemporaneously document in writing the meetings and actions undertaken
by the governing body.
Form 990, Part VI, Section A, line 8b: The organization does not always
contemporaneously document in writing the meetings and actions undertaken
by each committee with authority to act on behalf of the governing body.
Form 990, Part VI, Section B, line 11: A copy of Form 990 was not made
available to all members of its governing body. It was reviewed by the
President/Board Chair and Treasurer/Board Member before filing.
Form 990, Part VI, Section B, Line 15: School's top management official is
Superintendent. No employee meets definition of key employee. School has
a budget and an application process for paid positions. Comparable wage
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Name of the organization

COMMUNITY CHRISTIAN ACADEMY

Employer identification number 47-1810525

data is reviewed however since ministry is important to the school and the
staff, all staff understand that their pay is below the mid range salaries
at other educational institutions.
Form 990, Part VI, Section C, Line 19: Upon request.
Schedule L, Part II, Loans To and From Interested Persons:
(a) Name of Person: The Helstrom Charitable Remainder Unitrust
(a) Purpose of Loan:
Provide capital for operations and/or asset acquisitions for the school.
Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: Gordon Scott Vinzant
(b) Relationship Between Interested Person and Organization:
Son-in-law of board member
(d) Description of Transaction: Received compensation as an employee of
the organization.
(a) Name of Person: Kari L. Meier
(b) Relationship Between Interested Person and Organization:
Spouse of board member
(d) Description of Transaction: Received compensation as an employee of
the organization.
(a) Name of Person: The Helstrom Foundation
(b) Relationship Between Interested Person and Organization:

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Name of the organization **Employer identification number** 47-1810525 COMMUNITY CHRISTIAN ACADEMY Board member is also the Foundation Manager (d) Description of Transaction: Received rent for use of school facilities.

08/01/2009 - 07/31/2010 47-1810525

Sorted: General - tax link

COMMUNITY CHRISTIAN ACADEMY [cca 07.31.10] **Depreciation Expense**

8:28:42AM 11/12/2010

08/01/2009 - 07/31/2010

Current Bus./ Inv. % Method, Description

1,161 526 3,961 5,009 1,461 1,951 2,983 1,764 205 921 205 921 2,737 6,011 2,942 3,78 450 1,882 1,882 1,882 1,949 3,965 3,725 2,007 AND THE PROPERTY OF THE PARTY O Depreciation Total 00258 22 384 207 101 Depreciation 1,145 2,599 ,814 1,999 5,009 205 921 246 2,737 6,011 2,942 2,488 .949 396 531 377 478 Beg. Accum. Depreciation 1,461 1,951 2,983 1,764 378 450 691 3,961 Salvage/ Basis Adj. Sec. 179/ Bonus 100 0000 100.0000 100 0000 100.0000 100 0000 100 0000 100.0000 100 0000 100 0000 100.0000 100.000 100.0000 100 0000 100 0000 000000 100.000 0000000 0000001 0000 001 0000000 000000 000000 000.000 100.000 100.000 100.000 100 0000 100.000 000000 100.000 100 0000 0000000 0000 001 0000000 000000 0000 001 000.000 100.000 0000001 100,000 2,737 6,011 2,942 378 531 389 331 500 55 55 2,488 1,882 565 316 ,949 863 2,599 1,814 2,000 3,962 5,009 2,983 1,764 205 921 246 1,145 396 Cost / Other Basis 526 1,461 450 4,301 ,317 5 0000 00006 5 0000 7.0000 7 0000 9.0000 5.0000 7 0000 9 0000 6.0000 5 0000 9 0000 7.0000 5.0000 5.0000 5.0000 0000. 5 0000 000 .0000 0000 0000 0000 0000 5.0000 5.0000 5.0000 5.0000 5.0000 5 0000 0000 0000 000 000 0000 0000 9.0000 .0000 5.0000 7 0000 0000 Other Deprint Conference Description of the Conference of the Conf 4/7/1998 SL / N/A 4/7/1998 SL / N/A 4/7/1998 SL / N/A 4/7/1998 SL / N/A 4/30/1998 SL / N/A 6/26/1998 SL / N/A 6/2/1998 SL / N/A 5/22/1998 SL / N/A SL/N/A SL/N/A SL/N/A SL/N/A 6/15/1999 SL / N/A 10/9/1998 SL / N/A 9/9/1998 SL / N/A SL/N/A SL/N/A 7/15/2000 SL / N/A 9/15/1999 SL / N/A 3/16/2004 M / MQ 9/6/2000 M / HY 9/8/2000 M / HY 9/12/2000 M / HY 9/27/2000 M / HY 8/7/2001 M / HY 2/12/2002 M / HY 6/3/2003 M / HY 6/4/2003 M / HY 6/4/2003 M / HY 5/2/2005 M / HY 9/21/2005 M / HY 9/8/2000 M / HY 11/27/2000 M / HY 8/18/2000 M / HY 9/18/2000 M / HY 12/5/2002 M / HY 3/5/2003 M / HY 3/24/2004 M / HY ¥1/W 0/18/2000 M / HY ¥/₩ XH/M ¥1×W 7/6/2001 M / HY 8/1/2001 M / HY M/H/M 12/5/1999 3/28/2001 4/7/1998 12/15/1998 2/15/1998 1/7/1999 1/12/1999 1/4/2001 1/9/2001 3/20/2001 3/20/2001 Date In Service FURNITURE NC **EQUIPMENT · N** COMPUTER NV CHAIRS AND TA BLACKBOARDS PLAY SHED GA OVERHEAD CAL CLASSROOM E AUDIO EQUIPM COMPUTER - N KITCHEN EQUIF **VACUUM CLEA** OVERHEAD PR CONVERT TO C FURNITURE NM ALFAX FURNITI STORAGE CAB PLAYSHED RET BLACKBOARDS REFRIGERATOF REFRIGERATOR DAYCARE REM DC RENOVATIC REMODEL MAT 6 MAPS AND 4 PLAYGROUND **PLAYGROUND** SCHOOL BUS PC NETWORK TIME CLOCK COMPUTER COMPUTER ELEVISION EQUIPMENT **FURNITURE 86 WAGON** 11 TABLES DC FENCE 6 TABLES REMODEL **TRACTOR** DVDVCR CHAIRS FENCE FENCE STOVE တ Asset ID

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7-1810525	1/01/2009 - 07/31/2010
47-18	08/01

Sorted: General - tax link

COMMUNITY CHRISTIAN ACADEMY [cca 07.31.10] Depreciation Expense

8:28:42AM

11/12/2010

08/01/2009 - 07/31/2010

24,474 104 202,463 835 34,248 2,064 4,948 8 1,155 2,863 7,729 6,912 8,400 790 606 5,456 1,424 789 153 4,987 1,489 514 476 941 237 Depreciation 461 202,463 202,463 Total 162,404 40,059 40,059 40,059 2,403 3,925 4,289 4,830 4,415 812 292 335 434 627 237 453 365 280 Depreciation Current 224 125 760 29,478 62,404 Beg. Accum. Depreciation 1,689 4,049 1,973 5,326 2,987 4,111 425 326 626 697 341 478 677 162,404 8 141 162,404 Salvage/ Basis Adi. ò 0 30 O THE 0 Sec. 179/ Bonus 0000 001 100 0000 0000001 000000 000000 100 0000 100.000 0000 001 100.000 100.000 0000001 000000 0000001 000000 000000 0000000 100 0000 100.000 100.000 100.000 0000001 0000 001 000000 100.000 000000 000000 000000 100.000 100.000 100.000 000000 000000 00.000 Bus./ Inv. %680,013 1,106 5,089 13,737 16,726 1,305 1,115 2,708 1,243 1,312 215,546 8,423 41,402 3,000 16,433 2,053 7,963 1,908 2,026 18,916 181 2,267 850 171,567 16,025 2,672 0,850 680,013 Cost / Other 5 680,013 Basis 7 0000 7 7.0000 7 40 0000 10 0000 5.0000 7.0000 7.0000 7 0000 7.0000 7 0000 7.0000 40 0000 7 0000 7 0000 7 7.0000 7.0000 40 0000 7 0000 7 0000 7 7.0000 5 0000 7 0000 7.0000 7 0000 7 0000 5 0000 7.0000 7.0000 7.0000 7.0000 40 0000 Method 1/31/2006 ADS / MM 8/11/2006 M / HY 7/17/2008 ADS / MM 9/15/2009 ADS / MM 8/17/2006 ADS / MM 8/1/2008 ADS / MM 8/12/2009 ADS / MM M/HY /23/2009 M / MQ 10/15/2008 M / MQ M/MQ 9/15/2008 M / MQ 1/5/2009 M / MQ 4/1/2009 M / MQ 9/10/2008 M / MQ 12/3/2008 M / MQ M/HY M/MQ M/MQ MQM/MQ M/MQ M/MO /21/2009 M / MQ 3/30/2006 M / HY 5/4/2006 M / HY 5/8/2006 M / HY 5/31/2006 M / HY M/HY 8/7/2007 M / HY ¥H/W 3/10/2006 M / HY 1/2/2007 M / HY 9/8/2006 M / HY ¥H/W ¥H/W 9/27/2007 | 1/5/2009 1 12/1/2006 1/30/2006 10/11/2006 8/7/2007 0/23/2008 0/15/2008 4/23/2007 5/19/2009 1/12/2009 5/19/2009 Date In Service Subtotal: Other Depr #1 - Other Depreciation CLASSROOM F WHITEBOARDS CARPET/FLOO! ANDSCAPING LIGHT DIMMER ELECTRICAL RI WHITEBOARDS LOCKER PANEL MPROVEMENT **NHITEBOARDS** PHONE SYSTE CHAPEL RENO FIRE ALARM SY PLAYFIELD EQI SECURITY SYS CHAPEL PROJE **NEW COMPUTE** AB EQUIPMEN CHAPEL CHAIR CLASSROOM F 2 CAFETERIA T. DAYCARE ROO MPROVEMENT Net for: Other Depr #1 - Other Depreciation OAK LECTURN PHONE LINES Description FURNITURE SPEAKERS Less dispositions and exchanges: **OCKERS** PODIUMS IGHTING CABINET COOLER Less dispositions and exchanges: 3 VANS CHAIRS Subtotal: See The Total of the Subsection of the PIANO ဟ Grand Totals: Asset ID