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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

व्यक्तिकाराध्या और विश्व के स्टब्स्

Department of the Treasury Internal Frevenue Service

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

_	For th	o 2009 cales	dar voar	or tax year beg	inning 9	/01	20	09, and endin	a 8/	′31	1	, 2010	
_			Tuar year,	or tax year beg	inining 37	.01	, 20	os, and endin	<b>y</b> 0/		ver Ident	ification Number	-
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		Under penaltie	s of perjury,	declare that I have Declaration of prep	examined this re	turn, including a	ccompanying s	chedules and state	ements, and	to the best o	f my kno	wledge and beli	of, it is
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BA	A For F	Privacy Act a	and Paper	work Reduction	n Act Notice.	. see the ser	arate instr	uctions.		TEEA0113L	12/29/	oo Form	990 (2009)

_	n 990 (2009) MANHATTAN CHRISTIAN SCHOOL	<u>81-0</u>	<u> 25216</u>	55		Page 2
Pal	Statement of Program Service Accomplishments			_		
1	Briefly describe the organization's mission:  EDUCATION - PRIVATE SCHOOL GRADES PRESCHOOL THROUGH TWELFTH.				<u>-</u>	
						<b>-</b>
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	ne prior		Voc	X	Ma
	If 'Yes,' describe these new services on Schedule O.			Yes	Δ	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service.	es?		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services b and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	y expens allocation	ses. Sec ns to oth	ction 5 ners, t	501(c) he tot	(3) al
4 a	a (Code:) (Expenses \$ 2,414,555. including grants of \$ ) (Re PRESCHOOL THROUGH GRADE TWELVE PRIVATE SCHOOL. BENEFITS ARE APPLICATION OF THE PRIVATE SCHOOL.		\$	2,99	2,6	<u>19.</u> )
	STUDENTS, THEIR FAMILIES AND MEMBERS OF THE MANHATTAN CHRISTIAN SCI				ON.	 
				- <b>-</b> -		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue	\$			)
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue	\$			)
•						
•		. – – – -				
		·				
•						
-						
	Other program services. (Describe in Schedule O.)		<u> </u>			<del></del>
	(Expenses \$ including grants of \$ ) (Revenue \$					

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	!	х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV.	9		Х
10	ilian di Caratta di Car	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.			
•	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	! :		
	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  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X	12		х
12/	Schedule D, Parts XI, XII, and XIII	12		
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	<del></del>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		14b		<u> </u>
	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		Х
	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		X
	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
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) MANHATTAN CHRISTIAN SCHOOL

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 IL	21		Х
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		Х
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? <i>If 'Yes,' complete Schedule J </i>	23		Х
24	a 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, and 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		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_ X
1	s 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 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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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	х	
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		<u>x</u>
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		<u>x</u>
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	$\perp$	<u>x</u>
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		<u>x</u>

BAA

Form 990 (2009)

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. 25 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b n c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 cl 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2b X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.. 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 3a 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)?..... 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. 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?....... 5Ь 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?...... 5 c 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?.... 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6Ь 7 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 X 7a X 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 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ....... **7**f **7**g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?.... 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 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person?..... 96 10 Section 501(c)(7) organizations. Enter: b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders ... ... b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b

BAA

Form 990 (2009)

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....

Part VIII Govern

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.

Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body	_9		
<b>b</b> Enter the number of voting members that are independent	_9		H
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	<b>■                                    </b>	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?	on 3		х
4 Did the organization make any significant changes to its organizational documents	· ·   4		$\frac{1}{x}$
since the prior Form 990 was filed?			<del>                                     </del>
5 Did the organization become aware during the year of a material diversion of the organization's assets?	``.	,	x
6 Does the organization have members or stockholders?	.   6		<del>                                     </del>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the		a X	<b>†</b>
governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<u>а л</u>	†-
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
the following:			
a The governing body?		a X	┿
<b>b</b> Each committee with authority to act on behalf of the governing body?		ь Х	
9 Is there any officer, director or 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		Х
Section B. Policies (This Section B requests information about policies not required by the Inter-	nal		
Revenue Code.)			
		Yes	
10a Does the organization have local chapters, branches, or affiliates?	<u>  10</u>	a	X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization?	s, 10	ь	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE	o 🌉		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a X	<u></u>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12	ь х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE 0	12	c X	
13 Does the organization have a written whistleblower policy?	13	Х	
14 Does the organization have a written document retention and destruction policy?	14	Х	
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. SEE . SCHEDULE O	15	a X	
<b>b</b> Other officers of key employees of the organization	<u> </u>		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxa	ble 16		Х
entity during the year?	_	٥	â
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	ot 16	Ь	
Section C. Disclosures	,	<del></del> 1	
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 inspection. Indicate how you make these available. Check all that apply.	availa	ble for	public
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 statements available to the public.	policy, a	and fina	ancial
20 State the name, physical address, and telephone number of the person who possesses the books and records of the c  SYLVIA YPMA 8000 CHURCHILL ROAD MANHATTAN MT 59741 406-282-7261	rganiza	ation:	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours per week	<del></del>		_		that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		g 5	20		ploye	) # S				and related organizations
	j	stee	ruste		•	en sa				
CLDV DIWOMD		<u> </u>		_	_	2				
GARY DYKSTRA TRUSTEE	1	X						0.	0.	0.
MARTIN KIMM	-	Λ.	H		<u> </u>		$\vdash$	<u> </u>	0.	
TRUSTEE	1	х		х	i			0.	0.	0.
SCOTT KIMM	<del></del>									
TRUSTEE	1 1	Х						0.	0.	0.
SHERWIN LEEP										
TREASURER	1	X		X				0.	0.	<u> </u>
WENDY SONNENBERG										
TRUSTEE	1	X						0.	0.	0.
DANIEL_TRIEMSTRA	_									
TRUSTEE	1	X					_	0.	0.	0.
NANCY VENHUIZEN		,,		٠,					ا م	0
SECRETARY DON VISSER	1	Х		X				0.	0.	0.
PRESIDENT	2	X		х				0.	0.	0.
AMANDA KLEINSASSER	-	7	Н	- A				<u> </u>		
TRUSTEE	1	х						0.	0.	0.
										<del>,</del>
				-						
		:								
					$\neg$					. <del>.</del>

PartVIII Section A. Officers, Directors, Trus	tees, k	(ey	En	nplo	oye	es,	, an	d Highest Cor	npensated Emp	loyees (cont.)
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours	<del>-</del> -		,				Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		dividual director	ğ	₽	<del>§</del>	est c	. <b> </b> ₫	(,	( 2	organization and related
		trustee	1 <u>8</u>		Ş	ag g	İ			organizations
		8	uste		"	🖁				
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	l		-							
1 b Total							•	0.	0.	0.
2 Total number of individuals (including but not limited						who	o rec	ceived more than	\$100,000 in reporta	ble compensation
from the organization ► 0									<u>.</u>	
										Yes No
3 Did the organization list any former officer, director of	or truste	e, k	еу є	empl	loye	e, c	or hi	ghest compensate	d employee	
on line 1a? If 'Yes,' complete Schedule J for such in			• • • •		• • • •	• • •				3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	con 0,000	iper )? <i>[</i> ;	isati f 'Ye	on a	ana : <i>om</i> j	otne plete	er compensation t e Schedule J for s	rom <i>uch</i>	[
individual				• • • •						4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete School	mpensa	ațion	fro	m aı	ny ι	ınre	late	d organization for	services	
Section B. Independent Contractors	eaule J	tor s	sucr	pei	rsor	1	• • • •			5 X
Complete this table for your five highest compensate	d indep	end	ent e	cont	ract	tors	that	received more th	an \$100,000 of	
compensation from the organization.										· · · · · · · · · · · · · · · · · · ·
(A)							- 1	(B)		(C)
Name and business address							-	Description of	Services	Compensation
							$\dashv$			·
							$\dashv$		<del></del>	
							$\dashv$		<del></del>	<del></del>
							$\dashv$			
							寸			
2 Total number of independent contractors (including b	ut not li	imite	ed to	the	se	liste	d al	oove) who receive	d more than	·
\$100,000 in compensation from the organization								·		

$ \hat{\eta}^{\mathcal{F}_{p}} $	Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9	1a Federated campaigns 1a		(	1		
ANS	b Membership dues 1b					
ag §	c Fundraising events 1c	54,802.				
F. S.	d Related organizations 1 d	152,050.	!			
2	e Government grants (contributions) 1 e	18,339.	l		1	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	708,769.		   t  -  -		
E C	g Noncash contribns included in lns 1a-1f:. \$	7007703.	ļ			
ĕ.ĕ.	h Total. Add lines 1a-1f.	<b>•</b>	933,960.			
	ii Total. Add lines 1a-11.	Business Code	755,700.			ᢤ
PROGRAM SERVICE REVENUE	2a STUDENT FEES 6	11600	1,664,773.	1,664,773.		
ĕ		11000	1,004,773.	1,004,773.		
CE	b	···		<del> </del>		
Σ.	C					<del>                                     </del>
# SE	[					
Z	°-,					
ğ	f All other program service revenue		1 ((4 777)			
	g Total. Add lines 2a-2f		1,664,773.	L	<u> </u>	
	3 Investment income (including dividends,	interest and	2,078.			2,078.
	other similar amounts).		2,010.			2,070.
	4 Income from investment of tax-exempt b					
	5 Royalties () Real	(ii) Personal		<u> </u>		
					ļ	
	<b>6a</b> Gross Rents 19,115.	47,967.			i	
	b Less: rental expenses. 6,871.	47.067	1			
	c Rental income or (loss) 12,244.	47,967.	60 011	47.067		12 244
	d Net rental income or (loss)		60,211.	47,967.		12,244.
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory		•			
	b Less: cost or other basis and sales expenses		•	 		
	c Gain or (loss)		· ·			
	d Net gain or (loss)					
Æ	8a Gross income from fundraising events (not including. \$ 54, 802.					
<b>P</b>	of contributions reported on line 1c).					
2	See Part IV, line 18a	880,950.				
OTHER REVEN	b Less: direct expenses b	584,080.				
5	c Net income or (loss) from fundraising eve		296,870.			296,870.
	9a Gross income from gaming activities. See Part IV, line 19a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activiti	oc •				
		es				
	10a Gross sales of inventory, less returns and allowancesa	80,779.				
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of invent		34,727.	34,727.		
ı	Miscellaneous Revenue	Business Code	54, 121.	34,121.		
ŀ	11 a					
į						
	d All other revenue				<del>,</del>	
	e Total. Add lines 11a-11d					
1	12 Total revenue. See instructions		2 002 610	1,747,467.	0.	311,192.
1	14 TOWN REVENUE. SEE INSTRUCTIONS		4, JJ4, O1J.	1,141,401.		<u>. J.1,136.</u>

**PartiX ♦** 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).

Do 6b.	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	<del></del>		5.100.00		
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				in the
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.1	0.	0.
7	Other salaries and wages	1,603,645.	1,444,436.	148,902.	10,307.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,267.	79,980.	6,669.	618.
9	Other employee benefits	244,761.	214,514.	29,999.	248.
10	Payroll taxes	114,339.	106,240.	7,364.	735.
11	Fees for services (non-employees)		200/2101		<u></u>
	a Management				
	<b>b</b> Legal				
	c Accounting	12,990.		12,990.	
	<b>d</b> Lobbying				
	e Prof fundraising svcs. See Part IV, In 17		harman and a second	7	
•	Investment management fees	150.		150.	
	g Other				
12	Advertising and promotion	17,989.	9,712.		8,277.
13	Office expenses	112,252.	110,583.	815.	<u>854.</u>
14	Information technology	30,900.	28,280.	1,298.	1,322.
15	Royalties	200 400			1.050
16	Occupancy	226, 465.	204,724.	20,382.	1,359.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	36,658.	34,710.	1,948.	
19	Conferences, conventions, and meetings	5,370.	5,370.		·····
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	128,733.	115,953.	11,953.	<u>827.</u>
23 24	Insurance .  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.)	40 400	40 100		e di Mangantan di Languaga di Angangan di Angangan di Angangan di Angangan di Angangan di Angangan di Angangan di A Mangangan di Angangan di A
	STUDENT TRANSPORTATION	40,132.	40,132.	15 454	
	BAD DEBT	16,451.	0.027	16,451.	<del>_</del> _
	: MISCELLANEOUS	8,237.	8,237. 6,480.		100
e	CONTINUING EDUCATION	6,580. 5,204.	5,204.		100.
	All other expenses	0 600 100	0 414 555	050 001	04.645
	Total functional expenses. Add lines 1 through 24f	2,698,123.	2,414,555.	258,921.	24,647.
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				
BAA					Form <b>990</b> (2009)

Page 11

Form 990 (2009)

Partix Balance Sheet (B) End of year (A) Beginning of year 675,036 5,478. Cash - non-interest-bearing . . . . . . . . 1 2 649,262. 209,547 2 Savings and temporary cash investments 3 226,146. Pledges and grants receivable, net. . . 52,495 4 30,168. Accounts receivable, net . . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .... 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 7 Notes and loans receivable, net . . . 35,864. 8 Inventories for sale or use. .. .. Prepaid expenses and deferred charges..... 9 10a Land, buildings, and equipment: cost or other basis. | 10a 7,832,768. Complete Part VI of Schedule D 10Ы 7,863,725. 10 c 6,177,819. **b** Less: accumulated depreciation..... 3,608. 3,548. 11 11 12 Investments - other securities. See Part IV, line 11 ..... 12 13 13 Investments - program-related. See Part IV, line 11.... 14 14 15 Other assets. See Part IV, line 11...... 15 Total assets. Add lines 1 through 15 (must equal line 34) ....... 8,804,351 16 7,128,346. 16 17 17 18 18 131,470. 50,355. 19 19 20 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 1,365,531. 1,602,429. 23 Secured mortgages and notes payable to unrelated third parties ..... Unsecured notes and loans payable to unrelated third parties...... 24 380. 1,652 25 Other liabilities. Complete Part X of Schedule D....... 1,416,266 Total liabilities. Add lines 17 through 25...... 1.735.551. 26 Organizations that follow SFAS 117, check here > and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets...... 28 28 Temporarily restricted net assets..... 29 Permanently restricted net assets..... Organizations that do not follow SFAS 117, check here > X and complete lines 30 through 34. 7,068,800. 30 5,712,080. Capital stock or trust principal, or current funds..... 31 Paid-in or capital surplus, or land, building, and equipment fund ...... 32 32 Retained earnings, endowment, accumulated income, or other funds...... 7,068,800. 33 5,712,080. 33 Total net assets or fund balances..... 8,804,351. 34 7,128,346. 34 Total liabilities and net assets/fund balances.....

Talifyle i mancial Statements and Reporting		1	
		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		Х
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		
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 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		X
<b>b</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	3ь		

BAA

Form 990 (2009)

### **SCHEDULE A** (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) OMB No 1545-0047 2009

প্রকাশের প্রকল্পতা ক্রিকেন্দ্রনার

Department of the Treasury Internal Revenue Service

**Total** 

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

Employer identification number Name of the organization 81-0252165 MANHATTAN CHRISTIAN SCHOOL Pantil 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.) 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 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 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.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 9 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 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. Type III- Other Type II 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 is a Type I, Type II 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? No Yes (i) 11 g (i) a family member of a person described in (i) above?..... 11g (ii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (v) Did you notify the organization in col. (I) of your support? (vi) is the organization in col. (i) organized in the U.S.? (ID EIN (iv) is the (vii) Amount of Support rganization in col (i) listed in your governing document? Yes No Yes No Yes No

BAA 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

LC	Support Schedule for				(р)( і )(А)(іV) аг	10 17U(D)(1)(A	·)(vi)
Se	(Complete only if you check ction A. Public Support	ted the box on his	e 5, 7, or 8 of Pa	rt i )		· · · · · · · · · · · · · · · · · · ·	<del></del>
Cal	endar year (or fiscal year jinning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)						
	Public support. Subtract line 5 from line 4	 	· ·				
Sec	ction B. Total Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 activ	ities, etc. (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here	<u></u>	nd, third, fourth, o	or fifth tax year as	a section 501(c)	)(3) ► [
	tion C. Computation of Pul			<del></del>	<del></del>		,
	Public support percentage for 20 Public support percentage from 2						
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo	x on line 13, and	the line 14 is 33-	1/3 % or more, o	heck this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box licly supported or	on line 13, or 16a	, and line 15 is 33	3-1/3% or more, 6	check this box
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	nd-circumstances	s' test, check this l	box and stop her	e. Explain in Par	t IV how
b	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a l-circumstances'	nd-circumstances test. The organiz	s' test, check this l zation qualifies as	box and <b>stop hen</b> a publicly suppor	e. Explain in Part ted organization.	t IV how the
18 3AA	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a			structions . ▶ ☐ 90 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (d) 2008 Calendar year (or fiscal yr beginning in)▶ **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose .... ... 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. .. The value of services or facilities furnished by a governmental unit to the organization without charge . . 6 Total, Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons.... **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b. . . . . . 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (e) 2009 (f) Total (c) 2007 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 20089 Amounts from line 6 . . . . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources . ... **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b . . . . . . . Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)..... 13 Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  $\blacktriangleright$ Section C. Computation of Public Support Percentage 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15...... Section D. Computation of Investment Income Percentage % % 18 Investment income percentage from 2008 Schedule A, Part III, line 17...... 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ....... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule	A (Form 990 or	990-EZ) 2009	<u>MANHATTA</u> N	CHRISTIAN	SCHOOL		81-0252165	Page 4
Partiv	Suppleme	ntal Informa	tion. Complete	this part to	provide the	explanations red	81-0252165 quired by Part II, lir mation. See instru	e 10;
	rart II, IIII	3 1/a Or 1/b	anu Part III, I	ine 12. Provi	de any otne	r additional info	mation. See instru	elions.
								v
							<b>_</b>	
							<b>_</b>	
					. <b></b>			
							<b></b>	
	<b></b>							
	·							

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

OMB No 1545-0047

্ এচনা তি প্রিটাতি Unspection Employer Identification number

MANHATTAN CHRISTIAN SCHOOL

			81-0252165
	Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(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		
_	Did the exemination inform all denomination and		
5	Did the organization inform all donors and dor funds are the organization's property, subject	for advisors in writing that the assets held in do to the organization's exclusive legal control? .	onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	the benefit of the donor or donor advisor or for	any other
	purpose conferring impermissible private bene	efit??	Yes No
	Conservation Easements Comple		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation o	of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
	a Total number of conservation easements		2a
1	b Total acreage restricted by conservation easer	nents	2b
	c Number of conservation easements on a certif		2c
	d Number of conservation easements included in		
	Number of conservation easements modified,	• • •	· · · · · · · · · · · · · · · · · · ·
	vear ►	transferred, released, extinguished, or terminal	ed by the organization during the tax
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, har	ndling of violations,
6	Staff and volunteer hours devoted to monitorin during the year ▶		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easemen	ts
	during the year ►		\$
8	Does each conservation easement reported on	line 2(d) above satisfy the requirements of sec	ction — —
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and expen the organization's financial statements that d	se statement, and balance sheet, and escribes the organization's accounting for
Par	Organizations Maintaining College	ctions of Art. Historical Treasures, or	Other Similar Assets
Pr	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Treasures, or vered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
	Complete if the organization answ a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	vered 'Yes' to Form 990, Part IV, line of SEAS 116, not to report in its revenue statement	8. ent and balance sheet works of art, historical
1 a	Complete if the organization answ  If the organization elected, as permitted under	vered 'Yes' to Form 990, Part IV, line of SFAS 116, not to report in its revenue statement of exhibition, education, or research in furtheraints that describes these items.  SFAS 116, to report in its revenue statement a	8.  ent and balance sheet works of art, historical nee of public service, provide, in Part XIV,  and balance sheet works of art, historical
1 a	Complete if the organization answ  a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement of If the organization elected, as permitted under treasures, or other similar assets held for publi	sered 'Yes' to Form 990, Part IV, line of SFAS 116, not to report in its revenue statement of exhibition, education, or research in further and that describes these items.  SFAS 116, to report in its revenue statement and exhibition, education, or research in further and exhibition, education, or research in further and exhibition.	B.  ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,  and balance sheet works of art, historical nce of public service, provide the following
1 a	Complete if the organization answar If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement of the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	sered 'Yes' to Form 990, Part IV, line of SFAS 116, not to report in its revenue statement of exhibition, education, or research in further and that describes these items.  SFAS 116, to report in its revenue statement and comparison of exhibition, education, or research in further and the statement	ent and balance sheet works of art, historical nee of public service, provide, in Part XIV, and balance sheet works of art, historical nee of public service, provide the following
1a	a If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement of the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X	sered 'Yes' to Form 990, Part IV, line of SFAS 116, not to report in its revenue statement of exhibition, education, or research in furtheraints that describes these items.  SFAS 116, to report in its revenue statement and control exhibition, education, or research in furtheraints.	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV, and balance sheet works of art, historical nce of public service, provide the following
1 a	Complete if the organization answard in the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement of the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X	SFAS 116, not to report in its revenue statemed c exhibition, education, or research in furtheraints that describes these items.  SFAS 116, to report in its revenue statement a c exhibition, education, or research in furtheraints that describes these items.  SFAS 116, to report in its revenue statement a c exhibition, education, or research in furtheraints in the second control of the second c	ent and balance sheet works of art, historical nee of public service, provide, in Part XIV,  and balance sheet works of art, historical nee of public service, provide the following

Schedule D (Form 990) 2009 MANH			in.	81-02	52165_		Page 2
Part:III♥ Organizations Mainta	ining Collection	is of Art, Hist	orical Treasures, o	or Other Similar As	sets (co	ntinu	ıed)
3 Using the organization's acquisit items (check all that apply):						-	
a Public exhibition		<b>d</b> Loan	or exchange programs	i			•
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV.	nization's collection	s and explain ho	w they further the orga	nization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receivather than to be ma	e donations of a intained as part	rt, historical treasures, of the organization's c	or other similar	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 990	Complete if on the complete is on the complete in t	organization answe	red 'Yes' to Form 9	90, Parl	t IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	ther intermediar	y for contributions or of	her assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and con	nplete the follow	ing table:				
•					Amount		
c Beginning balance				. 1с			
<b>d</b> Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				1f			_
2a Did the organization include an a		, Part X, line 21?	?		Yes	L	_ No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor		<u>:ation answer</u>	ed 'Yes' to Form 9				
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance				يعاصات والوديد أوابين		<u>.</u>	_ w .ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.
<b>b</b> Contributions		<del> </del>			-		· 😅 💆
c Net Investment earnings, gains, and losses		<u></u>		in the second second		_	
d Grants or scholarships	·	<u> </u>		Taller and the second			
e Other expenditures for facilities and programs					ي ياي		
f Administrative expenses	W			المناه المستعرب المستعرب المستعرب	: 		
g End of year balance		<u> </u>					
2 Provide the estimated percentage	of the year end bal	lance held as:					
a Board designated or quasi-endow							
<b>b</b> Permanent endowment ▶	<u></u>						
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not in organization by:	the possession of	the organization	that are held and admi	nistered for the		Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related or	ganizations listed a	s required on Sc	chedule R?		3ь	$\neg$	
4 Describe in Part XIV the intended	uses of the organiz	ation's endowme	ent funds.				
RartVI Investments—Land, Bu	ildings, and Eq	uipment. See	Form 990, Part X	, line 10.			
Description of investment	(in	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	<b>(d)</b> Boo	ok Val	lue
1a Land				• 44			
<b>b</b> Buildings			7,325,245.	1,491,635.	5,8		<u>610.</u>
c Leasehold improvements			119,257.	28,305.		90,	952.
<b>d</b> Equipment			388,266.	135,009.		253,	257.
e Other							
Total, Add lines 1a through 1e (Column	(d) must equal For	m 990 Part X o	olumn (R) line 10(c))		6.1	177.	819

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 MANHATTAN CHRISTIA			age 3
Petit VIII Investments-Other Securities See Fo	orm 990, Part X, lin	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
		•	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			· P
Part VIII Investments—Program Related (See F	orm 990 Part Y li	ne 13) N/A	
	<del>, </del>	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
<u> </u>			
<u></u>			
**************************************			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part X Other Assets (See Form 990, Part X,	line 15) N/A		
	scription	(b) Book value	
(a) D.c.	3CHPROH	(3) 55511 14114	<u> </u>
	·····		
			—
	·····	<del></del>	
	***		
Total (Column (b) much agust 5 and 000 Food V and 60 U	no 15)	•	—
Total. (Column (b) must equal Form 990, Part X, col.(B), line and the Column (b) must equal Form 990, Part X Other Liabilities (See Form 990, Part X			—
V	<del></del>		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
PAYROLL WITHHOLDING	-24		
RENTAL DEPOSITS	62!	D.	
			_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►  2. FIN 48 Footnote. In Part XIV, provide the text of the footn	380		

Schedule D (Form 990) 2009 MANHATTAN CHRISTIAN SCHOOL	31-025	2165	Page 4
Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		,	
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1.	. [		
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses	[		
7 Prior period adjustments	. [		
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u>.,                                     </u>		
Reconciliation of Revenue per Audited Financial Statements With Revenue per l	Return	N/A	
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:			
a Net unrealized gains on investments			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
<b>d</b> 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:			
a Investments expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIV)			
c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retui	n N/A	
1 Total expenses and losses per audited financial statements	. 1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	_		
b Prior year adjustments	_		
c Other losses			
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 Investments expenses not included on Form 990, Part VIII, line 7b	_		
b Other (Describe in Part XIV)			
c Add lines 4a and 4b		-· <u>.</u>	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	<del></del>	
Patri अप Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II une 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this performation.		b and 2b; P ovide any ad	art V, Iditional
	<b>_</b> _		
	. <b>_</b>	. <b></b>	
	- <b></b>	<b></b>	

Schedule <b>D</b> (Form 990) 2009	MANHATTAN	CHRISTIAN SCHOOL		81-0252165	Page 5
Schedule D (Form 990) 2009 Part XIV Supplemental	Information	(continued)			
•					
	- <b></b>				
			<del></del>		
			·		
		·			

# SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

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

OMB No 1545-0047 2009

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81-0252165

Department of the Treasury Internal Revenue Service Name of the organization

MANHATTAN CHRISTIAN SCHOOL

Employer Identification number

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Schedule O (Form 990)			
	SPECIAL NOTICE REGARDING NONDISCRIMINATORY POLICY IS PUBLISHED IN THE BOZEMAN DAILY CHRONICLE, A DAILY AREA NEWSPAPER.	3	Х	
	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
•	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			
ā	Students' rights or privileges?	5a		Х
t	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f 5a		X X
	Other extracurricular activities?	5 h		<u></u>
	If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
<b>c</b> -	Date the appointing people and florested side a position of		· ·	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	X	<u>x</u>
	Has the organization's right to such aid ever been revoked or suspended?.  If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990).	90		Â
,	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)	7	х	

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form990 or Form 990-EZ. See separate instructions.

2009

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Name of the organization					"	Employer identifica	ation number	
MANHATTAN CHRISTIAN SCHOOL	OL				1.	81-025216	5	
Fundraising Activities. Comp	lete if the orga	nization a	nswered '	res' to Form 990, Part I			<del>.</del>	
1 Indicate whether the organization				lowing activities. Chack	all that a	nnly	-	
X Mail solicitations	raised lulius (ii	rough any	or the lon	<del></del>				
	_			Solicitation of non-	-	_		
Internet and email solicitations	5			Solicitation of gove	_	rants		
Phone solicitations				X Special fundraising	g events			
X In-person solicitations								
2a Did the organization have written employees listed in Form 990, Par	or oral agreeme	ent with ar	ny individu tion with n	ial (including officers, di	irectors, 1	rustees or key	Yes	X No
<b>b</b> If 'Yes,' list the ten highest paid in	dividuals or en	tities (fund	•	9			_	<u> </u>
compensated at least \$5,000 by the	e organization.						,	
(1) Names of medicinal	Z115 A - 415 - 114 - 1	Citis Did	fundrasor	G-A O	(v) Am	ount paid to	(vi) Amount pa	aid to
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	fundra	etained by) iser listed in	(or retained	by)
or orming (contactions)		of contr	ibutions?	mom dounty		col.(ı)	organizatio	
		Yes	No					
	-						·	
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	L	L	L				<del></del>	
			_ [	i				^
Total		·· ····	<u>▶</u> ]		16.10	1		0.
3 List all states in which the organiza or licensing.	ation is register	ed or licer	nsed to so	licit funds or has been i	notified it	is exempt troi	m registration	
or noonang.								
					-			
					<b>-</b>			

[Pa	<u>ill fr</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to F	orm 990, Part IV, I gross receipts gre	ine 18, or ater than \$5,000.
REV			(a) Event #1 FRIENDS OF MCS (event type)	(b) Event #2 STUDENT ACT. (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1	Gross receipts	798,136.	137,616.		935,752
E	2	Less: Charitable contributions	19,923.	34,879.		54,802.
	3	Gross income (line 1 minus line 2)	778,213.	102,737.		880,950.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E P	8	Entertainment				
EXPENSES	9	Other direct expenses	515,051.	69,029.		584,080.
S	10	Direct expense summary. Add lines 4- th	hrough 9 in column (d).			584,080.
	11	Net income summary. Combine lines 3, o				
Pa	ЩБ	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye:	s' to Form 990, Pai	rt IV, line 19, or re	ported more than
MCZM <m2< th=""><th></th><th></th><th>(a) Bıngo</th><th>(b) Pull tabs/Instant bingo/progressive bingo</th><th>(c) Other gaming</th><th>(d) Total gaming (Add col. (a) through col. (c))</th></m2<>			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ē	1	Gross revenue		:		
E	2	Cash prizes				
DIRECT						· · · · · · · · · · · · · · · · · · ·
Č S T E	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
Î						
	8	Net gaming income summary. Combine li	nes 1, column (d) and I	ine 7		YES NO
		er the state(s) in which the organization op				
		e organization licensed to operate gaming o,' explain:	activities in each of the	ese states?		9a
		e any of the organization's gaming licenses	s revoked, suspended o	r terminated during the	tax year?	10a
Ь	If 'Y	es,' explain:				
11	 Doo:	the ergonization analysis and the				
12	ls th	s the organization operate gaming activities e organization a grantor, beneficiary or tru	stee of a trust or a men	nber of a partnership or	r other entity formed to	
	adm	inister charitable gaming?			· · · · · · · · · · · · · · · · · · ·	12

Schedule G (Form 990 or 990-EZ) 2009 MANHATTAN CHRISTIAN SCHOOL	81-0252165	Page 3
13 Indicate the percentage of gaming activity operated in: a The organization's facility	ક	YES NO
Name: ►		
15a Does the organization have a contact with a third party from whom the organization receives gaming rever b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$  c If 'Yes,' enter name and address of the third party:		
Name: ►		
Name: ►  Gaming manager compensation ► \$		
Description of services provided:   Director/officer  Employee  Independent contractor		
17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year: ► \$  BAA  TEEA3703L 02/05/10 Schedu	or spent in the	90.FZ) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Opento Public Transcion

(F)
Direct controlling entity Employer identification number 81-0252165 (E) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. (**D)** Total income (C)
Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity MANHATTAN CHRISTIAN SCHOOL

(F)
Direct controlling entity 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 (f section 501(c)(3)) (D) Exempt Code section 501 (C) (3) (C) Legal domicile (state or foreign country) CHRISTIAN SCHOOL RAISE FUNDS FOR (B) Primary activity MANHATTAN MANHATTAN CHRISTIAN SCHOOL FOUNDATION 8000 CHURCHILL ROAD (A)
Name, address, and EIN of related organization MANHATTAN, MT 59741 36-3470610

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

TEEA5001L 02/05/10

Schedule R (Form 990) (2009)

Page 2

81-0252165

Schedule R (Form 990) 2009 MANHATTAN CHRISTIAN SCHOOL

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.) W 17.00 .

	<u> </u>	9	É		Ģ	6	1	6	3
Name, address, and EIN of	ctivity	Legal	Legal Direct	Predominant	Share of total income   Share of end-of-year   Dispropor-	Share of end-of-year	Dispropo	Code V-UBI	
organization	-	(state or	controlling entity	income (related, unrelated, excluded		assets	tionate alfocation	amount in box	managing partner?
		foreign		from tax under				<u>.</u>	
		country)		sections 512-514)			Yes No		Yes No
· ·									
1 1 1 1 1 1 1 1 1									
			•						
									-
1									
			_						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer.)	f <b>axable as a Cor</b> ed organizations	poration or Trust (Contract treated as a corporated as a corpo	implete if the orgion or trust durin	as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, nizations treated as a corporation or trust during the tax year.)	es' to Form 990, Pa	ת וֹ∕,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Dir. (state or foreign controllir country)	Type of er and a corp, S or trust	Primary Activity Country)  (B)  (C)  (C)  (D)  (C)  (D)  (C)  (C)  (C	(G) Share of end-of-year assets	(H) Percentage ownership
			<del></del>			
		:				
			-			

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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# 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.			Yeş N	읟
i Duning tife tax year did tife organization engage in any of the following transactions with one or more related organizations listed in Parts [I-IV: a Receipt of (1) interest (11) annuities (11) rovalties (14) rept from a controlled entity.	: II-IV:			>
	:			<ا×
c Gift, grant, or capital contribution from other organization(s)			×	دا
d Loans or loan guarantees to or for other organization(s)		<u>-</u>		×
e Loans or loan guarantees by other organization(s)	: : :	1e		×
f Sale of assets to other organization(s)		-		×
:	·	5		: >
Exchange of assets	:	2 <u>-</u>		٠l×
I Lease of facilities, equipment, or other assets to other organization(s)		<b> -</b>		ık
Lease of racilities, equipment, or other assets from other organization(s).		=		$\times$
A menorinance of services of membership of fundralsing solicitations for other organization(s).	:	-    -		×I
l Performance of services or membership or fundraising solicitations by other organization(s)	٠	=		×
m Sharing of facilities, equipment, mailing lists, or other assets		- E		×
n Sharing of paid employees	•	1n		×
o Reimbursement paid to other organization for expenses		10	^	×
p Keimbursement paid by other organization for expenses	: : : : : : : : : : : : : : : : : : : :	1p	^	$\times$
<b>a</b> Other transfer of cash or property to other property of				<b>:</b>
# Other transfer of each of property from other carries and an analysis and a second of the property of the pr		<u>-</u>		<
r Quier utalister of cash or property from other organization(s).		1.		×I
Lift the answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationship	ships and transaction thresholds.	sholds.		- 1
(A) Name of other organization	(B) Transaction type (a-r)	Amount	(C) Amount involved	_
(1) MANHATTAN CHRISTIAN SCHOOL FOUNDATION	U		152,050	اة ا
(2)				
(3)				
(4)				ĺ
(5)				
(9)				
BAA TEEA5003L 02/05/10	Sched	Schedule R (Form 990) (2009)	990) (200	8

Schedule R (Form 990) 2009 MANHATTAN CHRISTIAN SCHOOL

P. Male Co

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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	rding exclusion for o	certain investment pa	rtnership	JS.					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	Are all pa	artners	(E) Share of end-of-year	(F) Dispropor-	(G) Code V-UBI amount	Sene C	[ ]
			section 501(c)(3) organizations?	 E@33	assets	tionate alfocations?	Schedule K-1	managing partner?	aging ner?
			Yes	ŝ		Yes No	(6001) 1110	Yes	°
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ВАА		TEEA5004L 02/05/10		1			Schedule R (Form 990) (2009)	(066 (	(5002)

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047
2009

াজ্যুলনাক নিয়াগ্রাভি

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

MANHATTAN CHRISTIAN SCHOOL	81-0252165
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS
ALL POSSIBLE CONFLICTS ARE DISCLOSED AT THE BOARD MEET	TINGS. EMPLOYEES ARE ALSO
AWARE OF THE CONFLICT OF INTEREST POLICY AND NOTIFY THE	HE BOARD OF ANY POSSIBLE
CONFLICTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVA	AL PROCESS FOR CEO, EXEC. DIR., OR TOP MG
ALL COMPENSATION, INCLUDING THAT OF MANAGEMENT, IS BAS	SED ON A SALARY SCHEDULE, WHICH
IS APPROVED BY THE BOARD. IN DETERMINING THE SALARY S	SCHEDULE, COMPENSATION PAID BY
OTHER SCHOOLS IN THE AREA IS CONSIDERED.	

Schedule O (Form 990) 2009 Name of the organization	Page 2
	Employer identification number
MANHATTAN CHRISTIAN SCHOOL	81-0252165
	•
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2009

# SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**CLIENT MCS** 

**MANHATTAN CHRISTIAN SCHOOL** 

81-0252165

4/06/11

02:05PM

**SCHEDULE D, PART XI, LINE 8** OTHER CHANGES IN NET ASSETS OR FUND BALANCES

# (Rev April 2009)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are	e filing for an Automatic 3-Mon	th Extension, complete only Part I and check	this box	► X		
		utomatic) 3-Month Extension, complete only		is form).		
		eady been granted an automatic 3-month ext		filed Form 8868		
Part !	Automatic 3-Month Exter	nsion of Time. Only submit original (i	no copies needed).			
		d requesting an automatic 6-month extension				
ıncome tax r	eturns.	rs), partnerships, REMICS, and trusts must us	·			
the additiona	i (not automatic) 3-month exter	electronically file Form 8868 if you want a 3- tion required to file Form 990-T). However, y nsion or (2) you file Forms 990-BL, 6069, or 8 ally completed and signed page 2 (Part II) of the e-file for Charities & Nonprofits	4870 aroun returns or a	composite or consolidated		
	Name of Exempt Organization			Employer identification number		
Type or print						
•	MANHATTAN CHRISTIAN	SCHOOL		81-0252165		
File by the due date for	Number, street, and room or suite number	er If a P.O box, see instructions				
filing your return. See	return. See 6000 CHORCHILLE ROAD					
instructions.		•				
	MANHATTAN, MT 59741					
		ate application for each return):				
X Form 990		Form 990-T (corporation)	Form 472			
Form 990		Form 990-T (section 401(a) or 408(a) trus	· 🛏	•		
Form 990		Form 990-T (trust other than above)	Form 606	· <del>=</del>		
1   FOITH 330	·	1 JFOITH 1041-A	[ ] FOIII 687			
• The books	are in the care of <b>Sylvia</b>	Урша				
Telephone	No. ► 406-282-7261	FAX No. ► 406-282	-7701			
		ce or place of business in the United States,				
		ganization's four digit Group Exemption Num				
		the group, check this box . $ ightharpoonup$ and attach	a list with the names a	nd EINs of all members		
	sion will cover.					
		oths for a corporation required to file Form 99	•			
	ension is for the organization's	e the exempt organization return for the orga	inization named above.			
	calendar year 20 or	return for.				
<b>▶</b> 😾	tax year beginning 9/01	, 20 <u>09</u> _, and ending <u>8/31</u>	20 10			
	ex year is for less than 12 month		. —	hange in accounting period		
			],			
<b>3a</b> If this a nonrefu	pplication is for Form 990-BL, 9 ndable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentat	tive tax, less any	3a\$ 0.		
<b>b</b> If this a made. I	pplication is for Form 990-PF or nclude any prior year overpaym	990-T, enter any refundable credits and esti ent allowed as a credit	mated tax payments	зь\$ 0.		
deposit	with FTD coupon or, if required	3a. Include your payment with this form, or, by using EFTPS (Electronic Federal Tax Pa	vment System).	<b>3c</b>  \$ 0.		
	u are going to make an electron	nic fund withdrawal with this Form 8868, see				
BAA For Priv	acy Act and Paperwork Reduc	tion Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)		