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Form

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)

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

OMB No 1545-0047 2010

Open to Public

	-				1 mopeout
<u>A</u>	For the 20	010 calendar year, or tax year beginning $06/01/10$, and ending $05/31/11$	<u> </u>		
В	Check apple	cable C Name of organization		D Employe	er identification number
\rightarrow	Address chan				
\equiv				27-0	497264
\Box	Name change				
X	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	
\equiv		PO Box 4663		229-	247-5285
Ш	Terminated	City or town, state or country, and ZIP + 4			
	Amended retu	m Valdosta GA 31604-4663		G Gross receipt	96,644
\equiv		F Name and address of principal officer		<u> </u>	
Ш	Application pe	Schuyler Hardin	H(a) Is this a g	roup return for affil	rates? Yes X No
		bendy let nardin	H(b) Are off	affiliates include	d? Yes No
			_	o, allacii a iist	(see instructions)
<u> </u>	Tax-exemp	ot status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
J	Website:	www.goldendomefund.org	H(c) Group e	exemption numb	oer 🕨
ĸ	Form of orga	nization X Corporation Trust Association Other ▶ L Y	ear of formation 2	009 м	State of legal domicile GA
******	art I	Summary			
		efly describe the organization's mission or most significant activities			
	1				
9		To provide educational funding for private school school	_	_	
ä	I .	collecting tax-deductible contributions and distributing	ng them t	0	
E		participating private schools			
š	2 Ch	eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25	% of its net as:	sets	
Ö	1	mber of voting members of the governing body (Part VI, line 1a)			3
Activities & Governance	l .	mber of independent voting members of the governing body (Part VI, line 1b)			2
豐	l .			<u> </u>	0
וֹ בָּ	f	al number of individuals employed in calendar year 2010 (Part V, line 2a)		<u> </u>	
¥		al number of volunteers (estimate if necessary)			2
	7a Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net	t unrelated business taxable income from Form 990-T, line 34		7b	0
5		ntributions and grants (Part VIII, line 1h)	Prior Ye	ar	Current Year
_ <u>_</u>	8 Co	ntributions and grants (Part VIII, line 1h)			<u>96,636</u>
ν ξ	9 Pro	ogram service revenue (Part VIII, line 2g))SI		
Revenue	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)	191		8
æ	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	1261		· <u>·</u>
2	1		(T)		96,644
<u> </u>		ants and similar amounts paid (Part IX, column (A), lines 1–3)) 		84,398
2		2 California de la constanta d			04,370
		nefits paid to or for members (Part IX, column (A), line 4)			
es		laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
enses		ofessional fundraising fees (Part IX, column (A), line 11e)			
Expe	b Tot	ral fundraising expenses (Part IX, column (D), line 25) ▶ 2,548			
ш	17 Oth	ner expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			6,506
	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		:	90,904
	19 Rev	venue less expenses Subtract line 18 from line 12			5,740
58		•	Beginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20 Tot	al assets (Part X, line 16)		1,089	37,763
ASS.	21 Tot	ral liabilities (Part X, line 26)		0,902	41,836
Z.E	22 Net	t assets or fund balances Subtract line 21 from line 20		9,813	-4,073
	art II	Signature Block		2/023	
		· · · · · · · · · · · · · · · · · · ·			
U	nder penalti	ies of penury, I declare tifat I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other man officer) is based on all information of which preparer has a	and to the best o	f my knowledge	and belief, it is
	ue, correct,	and complete december to prepare while may officery based on a printing made in which prepare has a			
		1 Charles Miles			
Siç	ın i	Signature of officer		Date	inla I .
He	re	Schuyler Hardin President	dent		1/26/11
		Type or print name and title	-		
	Р	rint/Type preparer's name Preparer's signature	Date	Check	ıf PTIN
Pai	_	oran C. Hardeman, CPA	2	լ	oyed P00542566
					58-2393291
	Only			firm's EIN ▶	30-4333431
U36	· 1	PO Box 2270			200 000 0000
		ırm's address Valdosta, GA 31604-2270		Phone no 4	229-259-0909
		discuss this return with the preparer shown above? (see instructions)			Yes No
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2010)
DAA	١				

		en Dome Scholarsh		27-0497264	Page 2
Pa		nt of Program Service Ac			
		Schedule O contains a res	sponse to any question in	this Part III	X
1_					
				chool scholarships	
				distributing them t	0
P	articipatin	g private school	S		
					
2		indertake any significant program	services during the year which w	vere not listed on the	
	prior Form 990 or 990				Yes X No
		se new services on Schedule O			
3	Did the organization of	ease conducting, or make signific	cant changes in how it conducts,	any program	
	services?				Yes X No
		se changes on Schedule O			
4				program services by expenses Section	
				t the amount of grants and allocations	0
	others, the total expe	nses, and revenue, if any, for each	h program service reported		
			20	04.200	
			98 including grants of \$	84,398) (Revenue \$)
S	cholarships	to participatin	g schools		
4b	(Code) (E	xpenses \$	including grants of \$) (Revenue \$)
					ŕ
Ac	(Code) (E	expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
→ U	(5006) (5	.Apon 363 4	moduling grants of a) (Keveliue \$,
	-				
			•		
					-
	•				
					
4d		es (Describe in Schedule O.)			
	(Expenses \$	1,251 including gra) (Revenue \$)
4e	Total program service	e expenses ▶ 8	5,649		

	300.1 1.11 4	
Part IV		d Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	~	X
3	Did the organization required to complete Schedule B, Schedule of Contributors, (see instructions)	-		
,	candidates for public office? If "Yes," complete Schedule C, Part I	3	Ī	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		$\overline{}$	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	I	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		l	
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		\dashv	
0	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		l	
	complete Schedule D, Part I	6	ŀ	x
7	·	*		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	ŀ	x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		 	- 12
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ؞ ا		x
	complete Schedule D, Part III	8		
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,"	ا ؞ ا		v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			v
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		.	
	VII, VIII, IX, or X as applicable	- 1	ı	
а				
	complete Schedule D, Part VI	11a	Х	
b	· · · · · · · · · · · · · · · · · · ·	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e		11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŀ	v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	^	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.		v
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	- 1	v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ایرا		•
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\longrightarrow	<u> </u>
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	\longrightarrow	X
_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		(2242)

<u>Form</u>	1990 (2010) Golden Dome Scholarship Fund, Inc. 27-0497264				P	age 4
_Pa	irt IV Checklist of Required Schedules (continued)					
	Dather and the state of COO of the state and the societies of the state of the stat				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 Bott IX, column (A), line 13 if "Yee" complete Schedule I. Botte Lond II.			21	х	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			21		_
22	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					
20	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K If "No," go to line 25			24a		Х
b	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		
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			25a		Х
b	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?			1		
	If "Yes," complete Schedule L, Part I			25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			1		
	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?			1		
	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c	X	7.
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					7.7
	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,			۱ 🔒		x
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			31		
J2	complete Schedule N, Part II			32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			J2		-
•	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,			<u> </u>		
-	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		Х
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X No			
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		X

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

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
_				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	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 author	rity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	I			
	account)?		4a		X
b					:
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acco	unts			
5a			5a		X
b			5b		X
C			5c		
6a					х
h	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 tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).		00		
a					į
•	and services provided to the payor?		7a		
b			7b		
С					
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	:t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.				
а	, ,		9a		
b 40	·		9b		
10	Section 501(c)(7) organizations. Enter	1			
a b					
11	Section 501(c)(12) organizations. Enter	<u> </u>			
 а					
b					
-	against amounts due or received from them)				
12a	<u> </u>		12a		
b	1	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans]		į
С	Enter the amount of reserves on hand	<u> </u>	igsqcut		·
14a	3. 3		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

State the name, physical address, and telephone number of the person who possesses the books and records of the

PO Box 4663

Valdosta

organization > Schuyler Hardin

20

74060	10/24	/2011	1 26	DM

DAA

Form 990 (2010	Golden	Dome	Scholarship	Fund,	Inc.	27-0497264		Page 7
Part VII	Compensati	ion of O	fficers, Directors,	Γrustees,	Key Emp	loyees, Highest Compens	sated Employees,	
•	and Indeper	ndent Co	ontractors					
	Check if Sch	nedule C	contains a respon	se to any	question	in this Part VII		

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.

- 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, if any. 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

(A) Name and Title	(B) Average	Posi	tion ((0	C) k all 1	that ac	(vlac	npensated any current offic (D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Schuyler Hardin President	40.00			x				0	0	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
10)										· · · · · · · · · · · · · · · · · · ·
11)					-					
12)										
13)			_							
14)						+				
15)					-					
16)		-	ļ	-	-					

Form 990 (2010)

orm	990 (2010) Golden Do											P	age 8
Pa		´r	stees	, Ke			yees	, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per	⊢			all t	hat ap		(D) Reportable compensation	(E) Reportable compensation from	(F Estim amou	ated	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	sation the ation lated	
(17)								·					
18)									-				
(19)													
(20)	-							-					
(21)													
22)													
23)													
24)		1											
25)		:									<u> </u>		
26)			\vdash				$ \cdot $						
27)		<u> </u>											
28)													
1b	Sub-total	1	1					>					
_	Total from continuation she	ets to Part VII, S	ectio	n A									
_ <u>d</u> _	Total (add lines 1b and 1c)			.1 4 -	44			<u> </u>	-> 4 4b	£400.000			
2	Total number of individuals (in				เทอร	e iis	teo a	DOV	e) who received more than	\$100,000 iii			
	reportable compensation from	i tile diganization		-	-							Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								yee, or highest compensa	ted	3		Х
4	For any individual listed on lin organization and related orga	e 1a, is the sum	of re	porta	able	com	pens	atıo					
5	individual Did any person listed on line	1a receive or acc	crue o	comp	ens	atıor	n from	n an	y unrelated organization o		4		X
	for services rendered to the o		es,"	com	plete	Scl	hedul	le J	for such person		5	<u> </u>	X
Sec	tion B. Independent Contract												_
1	Complete this table for your fi		ensa	ted ı	nde	end	ent c	ontr	actors that received more	than \$100,000 of			

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	_ 3_		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		<u> X</u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X
0-	Stiny D. Independent Contractors		_	

	Compensation from the organization		_			
	compensation from the organization					
1	Complete this table for your five highest compensated	ındepender	t contractors	that received	more than \$	100,000 of

Name and business address	(B) Description of services	(C) Compensation
		ł

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2010) Golden Dome Scholarship Fund, Inc. 27-0497264

Pa	rt V	III Staten	nent of Reve	nue						
	-1	*					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>			·····	г. т				revenue		512, 513, or 514
E ST	1a	Federated car	· -	1a						
E O	b	Membership d		1b					•	
a ts	С	Fundraising ev		1c						
흔	d	Related organ	ıızatıons	1d					_	
S.E	е	Government grants	(contributions)	1e						
흥합	f	All other contribution	ns, gifts, grants,						•	
들힘		and similar amounts	s not included above	1f		96,636				
풀	g	Noncash contributio	ins included in lines 1a-	-1f S	5					
ŏē	h	Total. Add line	es 1a-1f			▶	96,636			
ne						Busn. Code				
- F	2a									
&	ь									
Program Service Revenue Contributions, gifts, grants and other similar amounts	С									
	d									
Ē	е									
ğ	f	All other progr	ram service reve	nue						
됩	q	Total. Add line				•				
	3		come (including	dıvıden	ds, intere	est,			-	
		and other simi				•	8	8		
	4		nvestment of tax	-exem	ot bond p	roceeds >				
	5	Royalties			•	•				
		,	(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps					:			
	c	Rental inc or (loss)								
	ď	Net rental inco				•				
	7a	Gross amount from		s	(11)	Other				
		sales of assets other than inventory			,,,					
	b	Less cost or other								
	_	basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo					•			•
		_	om fundraising eve	nts [
J.G	•	(not including \$	-					:		
ě			reported on line 1c	,						
Other Reven		See Part IV, line		a						
횰	h	Less direct ex		ь				,		
ŏ			(loss) from fund		events	•				*
			om gaming activitie		3.0110					
	-	See Part IV, line		a						
	h	Less. direct ex		ь						
			(loss) from gam		ivities	•				
			f inventory, less	g 20.					···········	
	IVa	returns and al		a						
	ь	Less. cost of		ь						
			(loss) from sale	L	enton.					
			ellaneous Revenue		entory	Busn. Code				
	11a	11130		-		3000				
	b		•							
	С	All other rever	nie.							
	d	Total. Add line				<u> </u>				·····
	е 12		es Tra-Tru e. See instruction	ne			96,644	8	0	0
	14	- contevenine	Jee manuchol	13			20,033		<u> </u>	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	84,398	84,398		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan contributions (include section 401(k)		_		
O	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
'' a	Management				
a b	Legat				
	Accounting				
d	Lobbying	-			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	360	360		
12	Advertising and promotion	1,884	300		1.884
13	Office expenses	2,055		1,757	1,884 298
14	Information technology	950		950	
15	Royalties				
16	Occupancy				
17	Travel	366			366
18	Payments of travel or entertainment expenses	300		· · · · · · · · · · · · · · · · · · ·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	891	891		
23	Insurance				
24	Other expenses. Itemize expenses not covered				_
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column	-			
	(A) amount, list line 24f expenses on Schedule O)				
а	,				
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	90,904	85,649	2,707	2,548
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA					Form 990 (2010)

	•				(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing		L		1	7,05
	2	Savings and temporary cash investments		L		2	26,00
	3	Pledges and grants receivable, net		L		3	
	4	Accounts receivable, net		Ĺ		4	2,500
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees. Com	plete Part II of				
		Schedule L		Ĺ		5	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing	1			
		employers and sponsoring organizations of section 501					
		employees' beneficiary organizations (see instructions)		Ĺ		6	
Assets	7	Notes and loans receivable, net		Ĺ		7	
25	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment cost or		ſ			
ı		other basis Complete Part VI of Schedule D	10a	3,088			
	b	Less. accumulated depreciation	10b	891	1,089	10c	2,197
1	11	Investments—publicly traded securities	<u> </u>			11	
1	12	Investments—other securities See Part IV, line 11		Ī		12	
1	13	Investments—program-related See Part IV, line 11	Γ		13		
1		Intangible assets		Γ		14	
1		Other assets See Part IV, line 11		<u> </u>		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	Γ	1,089	16	37,763
1		Accounts payable and accrued expenses				17	·
1	18	Grants payable				18	
1	19	Deferred revenue		Γ		19	
2	20	Tax-exempt bond liabilities		Γ		20	
ဖ္လ 2	21	Escrow or custodial account liability Complete Part IV of	of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, truste					
<u> </u>		employees, highest compensated employees, and disqu					
열		Complete Part II of Schedule L	·	ĺ	10,902	22	15,835
_	23	Secured mortgages and notes payable to unrelated third	d parties			23	
2		Unsecured notes and loans payable to unrelated third p		Γ		24	
2		Other liabilities Complete Part X of Schedule D				25	26,001
2		Total liabilities. Add lines 17 through 25		Ī	10,902	26	41,836
ဖွ		Organizations that follow SFAS 117, check here ▶ 2	and complete				
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.	-	l			
<u>e</u> 2	27	Unrestricted net assets		1	-9,813	27	-4,081
2 0	28	Temporarily restricted net assets				28	
2 2	29	Permanently restricted net assets		Г		29	
5		Organizations that do not follow SFAS 117, check he	re ▶ 🗍 and	Γ			
<u> </u>		complete lines 30 through 34.	_				
ر ا بر	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	ľ		31	
š 3	32	Retained earnings, endowment, accumulated income, of				32	
ر ا پر	33	Total net assets or fund balances		ľ	-9,813	33	-4,073
ž i	34	Total liabilities and net assets/fund balances	•	•	1,089		37,763

Form **990** (2010)

orn	1990 (2010) Golden Dome Scholarship Fund, Inc. 27-0497264			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			644
2	Total expenses (must equal Part IX, column (A), line 25)	2			904
3	Revenue less expenses Subtract line 2 from line 1	3			<u>740</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>-9,</u>	<u>813</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		-4,	<u>073</u>
P∌	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$oldsymbol{oldsymbol{oldsymbol{\square}}}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				İ
	Schedule O				ĺ
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	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				ĺ
	Schedule O				ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				İ
	issued on a separate basis, consolidated basis, or both				ĺ
	X 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				1
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2010)

SCHEDULE A (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

2010

Open to Public Inspection

Employer identification number Name of the organization Golden Dome Scholarship Fund, Inc. 27-0497264 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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, 4 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c X Type III-Functionally integrated d | Type III-Other b Type II X 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) If the organization received a written determination from the IRS that it 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Nο (iii) below, the governing body of the supported organization? 11g(ı) X X (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? 11g(m Provide the following information about the supported organization(s) (i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of panization in col the organization in organization (described on lines 1-9 in col (i) listed in your support col (i) of your (I) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes Yes No No No Agape Junior Academy 2 X X X 5,625 51-0614647 Aurora Strategies 30-0009584 2 X X X 6,525 Brunswick Christian Academy X X X 58-1527091 8,185 Citizen Christian Academy 59-1080760 X X X 15,472 Dinoff School for the Gifted 27-3574608 X X X 5,580

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

Schedule A (Form 990 or 990-EZ) 2010

84,398

Total

6	Public support. Subtract line 5 from line 4			1	I	1			
Sec	tion B. Total Support								
aler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total	
7	Amounts from line 4						\perp		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
1	Total support. Add lines 7 through 10				<u> </u>	<u> </u>			
2	Gross receipts from related activities, etc	(see instructions)				_1	2		
3	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)			_
	organization, check this box and stop here								╧
ec	tion C. Computation of Public Su	ıpport Percen	tage						
4	Public support percentage for 2010 (line 6	, column (f) dıvıde	d by line 11, colur	nn (f))		1	4		%_
5	Public support percentage from 2009 School	edule A, Part II, Iır	ne 14			_1	5		<u>%_</u>
6a	33 1/3% support test—2010. If the organi	zation did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this			_
	box and stop here. The organization quali	fies as a publicly :	supported organiza	ation .				•	
þ	33 1/3% support test—2009. If the organi	zation did not che	ck a box on line 1:	3 or 16a, and line 1	5 is 33 1/3% or m	ore,			_
	check this box and stop here. The organiz	ation qualifies as	a publicly support	ed organization				•	Ш
7a	10%-facts-and-circumstances test—201	•		•					
	10% or more, and if the organization meet			•	•				
	Part IV how the organization meets the "fa organization	cts-and-circumsta	ances" test. The or	ganization qualifies	s as a publicly sup	ported		•	
b	10%-facts-and-circumstances test—200	If the organizat	ion did not check a	a box on line 13, 16	Sa, 16b, or 17a, an	d line			
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstance:	s" test, check this b	oox and stop here	•			
	Explain in Part IV how the organization me	ets the "facts-and	I-circumstances" to	est. The organization	on qualifies as a p	ublicly			
	supported organization							•	Ш
8	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee		_	
	instructions		• •					•	Ш
					Cal	hedule A (Form	000	or 990 E7\ 20	110
					30	iedale A (FOIII	330	OI 330-EE) 41	, 10

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u>Zquamy under</u>	THE TESTS HOTE	a below, piede	o complete r	210 11.)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	•					
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop here						▶
	tion C. Computation of Public St		*				
15	Public support percentage for 2010 (line 8		•	nn (f))		15	<u>%</u>
16 Soc	Public support percentage from 2009 School P. Computation of Investme				· · · · · · · · · · · · · · · · · · ·	16	%
<u>3ec</u> 17	tion D. Computation of Investme			L column (ft)		147	0/
17 18	Investment income percentage for 2010 (III Investment income percentage from 2009)		-	, column (I))		. 17	% %
19a	33 1/3% support tests—2010. If the organ	•	•	e 14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this be						▶□
b	33 1/3% support tests—2009. If the organ		-				٠ ــــــ
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	ublicly supported	organization	▶ [
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Golden Dome Scholarship Fund, Inc. 27-0497264

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part I, Line 11h - List of Sup	pported Organiza	tions Conti	nued		
Name and EIN Type In Gov Doo	c Org Notified	Org in U.S	. A	mount	
Faith Baptist Christian Academ	my				
58-1593318 2	x	X	\$	8,550	
Sinclair Christian Academy					
30-0543859 2	x	x	\$	6,750	
Westwood Christian Academy					
58-1099912 2	x	x	\$	11,331	
Georgia Christian School					
58-0692295 2	x	x	\$	4,680	
Highland Christian Academy					
58-2404999 2	x	x	\$	4,950	
Middle Georgia Christian School	ol				
58-1236751 2	x	x	\$	4,500	
New Beginning Christian School	1				
58-2628359 2	x	x	\$	2,250	

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

Open to Public Inspection

Name of the organization Employer identification number Golden Dome Scholarship Fund, Inc. 27-0497264 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part 1 organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) 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 b 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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 conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 2 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2010

<u>Sche</u>	edule D (Form 990) 2010 GOLGEN DON	<u>ne Scholarsh</u>	up Fund, 1	nc.	27-049	7264		F	Page 2
₽æ	art III Organizations Maintaining	Collections of Art	, Historical Trea	sures,	or Other S	imilar Ass	sets (cont	ınued	
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the follow	ing that a	re a significar	nt use of its			
а	Public exhibition	d Loan	or exchange prograi	ms					
b	Scholarly research	e Othe	-						
С									
4	Provide a description of the organization's colle	ections and explain how	v thev further the ora	anization'	s exempt pur	pose in Part			
	XIV	•	, ,			,			
5	During the year, did the organization solicit or r	receive donations of art	. historical treasures.	or other	sımılar				
	assets to be sold to raise funds rather than to be						П	Yes	No
Pa	art IV Escrow and Custodial Arrai					Yes" to Fo			
	line 9, or reported an amoun						. ,		•
1a	Is the organization an agent, trustee, custodiar			her asset	s not				
	included on Form 990, Part X?	•			-			Yes	No
ь	If "Yes," explain the arrangement in Part XIV a	nd complete the follows	ng table [.]				L_J	· · · L	
	• •	,	·				Amo	unt	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e		_	
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990. Part X. line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , , ,							
	art V Endowment Funds. Comple	te if organization	answered "Yes"	to Forn	n 990. Par	t IV. line 1	0.		
		(a) Current year	(b) Pnor year		o years back	(d) Three year		our years	back
1a	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships				· · · · · · · · · · · · · · · · · · ·				
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance				·				
2	Provide the estimated percentage of the year e	end balance held as.				•			
а		%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	ion of the organization	that are held and adr	nınıstered	for the				
	organization by:	-						Yes	No
	(i) unrelated organizations						3a(
	(ii) related organizations						3a(i		
b	If "Yes" to 3a(II), are the related organizations I	isted as required on Sc	hedule R?				3b		
4	Describe in Part XIV the intended uses of the co	organization's endowme	ent funds						
Pa	rt VI Land, Buildings, and Equip	ment. See Form 9	90, Part X, line	10.					
	Description of investment	(a) Cost or other basis			(c) Accur	mulated	(d) Bo	ok value	
		(investment)	(other)		depred	ciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other		3	,088		891		2,	197
Total	I Add lines 1a through 1e. (Column (d) must equ	ual Form 990 Part Y o	olumn (P) lung 10(a)	`				2	107

2. FIN 48 (ASC 740) 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 (ASC 740)

26,001

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	edule D (Form 990) 2010 Golden Dome Scholarship Fund,				Page 4
Pá	art XI Reconciliation of Change in Net Assets from Form 990 to	Audited	d Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	96,644
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	90,904
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	5,740
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			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10	5,740
Pa	art XII Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	96,644
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]	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		}	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	96,644
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV)	4b		}	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	96,644
P₽	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	Return	
1	Total expenses and losses per audited financial statements			1	90,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		[[
С	Other losses	2c			
đ	Other (Describe in Part XIV)	2d		}]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	,		3	90,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	<u></u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	90,904

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 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 part to provide any additional information

Part XIV Supplemental Information

Schedule D (Form 990) 2010 Golden Dome Scholarship Fund, Inc. 27-0497264

Part XIV Supplemental Information (continued)

Page 5

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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-004Z

2010

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Open to Public Inspection School Scholarships School Scholarships School Scholarships School Scholarships School Scholarships School Scholarships School Scholarships School Scholarships Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to X Employer identification number non-cash assistance (g) Description of 27-0497264 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of non-cash (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. 6,525 8,185 15,472 580 550 5,625 6,750 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash 'n grant Inc. (c) IRC section applicable Golden Dome Scholarship Fund, 58-1527091 27-3574608 30-0543859 51-0614647 30-0009584 59-1080760 58-1593318 General Information on Grants and Assistance can be duplicated if additional space is needed (p) EIN the selection criteria used to award the grants or assistance? Christian Academy GA 30045 GA 31525 GA 31534 GA 30223 GA 31598 GA 30084 GA 31061 the Gifted (a) Name and address of organization (3) Brunswick Christian Academy 3776 Lavista Rd, Suite 200 (7) Sinclair Christian Academy (8) Westwood Christian Academy (4) Citizen Christian Academy or government (1) Agape Junior Academy for (2) Aurora Strategies 102 Airport Rd 263 Jackson St (6) Faith Baptist School 96 Pickard Rd 5th St Department of the Treasury Internal Revenue Service 4231 US 17N Milledgeville Lawrenceville PO Box 1064 PO Box 1533 Name of the organization Brunswick (5) Dinoff 128 N. Griffin Douglas Tucker Part Part 11 Jesup

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

Schedule I (Form 990) (2010)

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11,331

58-1099912

GA 30286

Thomaston

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

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Schedule I (F.	Schedule (Form 990) (2010) Golden Dome Scholarship Fund, Inc. 27-0497264	Scholarship F	und, Inc. 2	7-0497264		Page 2
Part III	Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed	Individuals in the U	Inited States. Compde.	olete if the organizati	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22: ed.	m 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book, EMV appraisal other)	(e) Method of valuation (book, (f) Description of non-cash assistance EMV anneasal other)
1						
7						
4						
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7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to pro	vide the information	required in Part I, Ii	ne 2, and any other addition	onal information.

Schedule I (Form 990) (2010)

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	Golden Dome Schola	ars	hip	Fun	d, Inc.	2	7 - 04	197	264			
Part I	Excess Benefit Transactions (section											
	Complete if the organization answered "Yes" of	n For	m 990), Part IV,	line 25a or 25b,	or Form 990-EZ, Part	V, line	40b				
1	(a) Name of disqualified person					(b) Description of transact	າດກ			(c)	Сопес	ted?
						(b) Boodipaon or adnoce				Yes	<u> </u>	No.
(1)												
(2)					1						_	
(3)										┼		
(4)					·						-	
(5)												
(6)												
	amount of tax imposed on the organization ma ction 4958	nage:	rs or c	lisqualifie	d persons during	the year	•	\$				
3 Enter the	amount of tax, if any, on line 2, above, reimbur	rsed b	y the	organızat	ion		•	\$				
Part II	Loans to and/or From Interested Po	erso	ns.									
	Complete if the organization answered "Yes" of	n Fo	m 99			n 990-EZ, Part V, line 3	Ва					
(a)	Name of interested person and purpose		oan to m the		i) Original cipal amount	(d) Balance due	(e)	In defau		opproved		/ntten ment?
			zation?	princ	ирага постт					mittee?	agree	nent.
		То	From				Ye	s No	Ye	No.	Yes	No
Schuyle	er Hardin							-				
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(10)												
Total		1			▶ \$	15,83	35					······
Part III	Grants or Assistance Benefiting In	tere	sted	Persor			- 1					
	Complete if the organization answered "Yes" of											
-	(a) Name of interested person			(b)	Relationship between	en interested person and the	e (6	:) Amo	unt and	I type o	assist	ance
					orga	anization	,	•				
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)							\perp					

<u>(9)</u>

Part IV	Form 990 or 990-EZ) 2010 Business Transactions Invol	ving Interested Persons	·			ge 2
rate ty	Complete if the organization answered	Ying interested Fersons. I "Yes" on Form 990. Part IV. line 28	3a, 28b, or 28c			
				(d) Description of transaction	(e) S	haring
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(a) Description of transaction	of o	org
		organization			Yes	
(1) Georg	ia Christian School	Common Board	4,680	Scholarships paid	"	Х
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)					l	
Part V	Supplemental Information					
	Complete this part to provide additional	al information for responses to ques	tions on Schedule L (s	ee instructions)		
			· · · · · · · · · · · · · · · · · · ·			
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SCHEDULE O (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Golden Dome Scholarship Fund, Inc.

Employer identification number 27 – 0497264

Form 990, Part I, Line 6

Volunteers operate the organization.

Form 990, Part III, Line 4d - All Other Achievements
Operating expenses for the SSO

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation No meeting minutes have been maintained at this point in time. The organization has a board of three individuals, but was organized and started by the current president.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation No meeting minutes have been maintained at this point in time. The organization has a board of three individuals, but was organized and started by the current president.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Once the return is prepared it is reviewed by the organization's president prior to submission.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation Form 990 is available upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available upon request using the contact

Page 2

Name of the organization

Golden Dome Scholarship Fund, Inc.

Employer identification number

27-0497264

information on the organization's website.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

tachment 67

Name(s) shown on return Identifying number 27-0497264 Golden Dome Scholarship Fund, Inc. Business or activity to which this form relates Scholarships Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 891 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in service (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental S/L 27 5 yrs ММ property MM S/L 27 5 yrs Nonresidential real MM S/L 39 yrs property S/L Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 vrs MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 891 For assets shown above and placed in service during the current year, enter the

23

990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2010, or tax year beginning 06/01/10, and ending 05/31/11

10,902

2010

15,835

Totals

Name					Employer Ident	ification Number		
Golden Dome Scholarship Fund, Inc.					27-0497264			
-				Information				
			•					
(4) Sc	huyler Hardi	ne of lender		President	Title			
	Huyler Harul	.11		Plesident				
(2) (3)								
/41					··			
(5)								
(6)				-		 		
(7)								
(8)								
(9)								
(10)								
	Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate		
(1)	15,835	05/31/11		as available		0.000		
(2)								
(3)								
(4)								
(5)								
(6)								
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(8)								
(9)								
(10)	 · · · · · · · · · · · · · · · · · 	<u> </u>]			L		
		·		T				
	Security pi	rovided by borrower		Purpose	of loan			
(1) NC	NE			Start-up costs				
(2)								
(3)								
(4)						· · · · · · · · · · · · · · · · · · ·		
(5)	···							
<u>(6)</u>								
<u>(7)</u>			<u> </u>					
(8)								
<u>(9)</u>			· · · · · · · · · · · · · · · · · · ·					
(10)					**************************************			
				Balance due at	Balanc	e due at		
Consideration furnished by lender				beginning of year 10,902	end of year			
<u>(1)</u>				10,902	+	15,835		
(2) (3)					+			
(3) (4)					+	·		
(4) (5)					 	<u> </u>		
(6) 					+			
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(8)		· · · · · · · · · · · · · · · · · · ·			†			
(9)								
(10)								