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Form' **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For the	2010 cale	endar year, or tax year begin	ning	July 1	, 2010, a	and end	ling	Jui	ne 30	, 20 11	
В	Check if	applicable:	C Name of organization CHRIS	STIAN FA	MILY INTERNA	TIONAL				D Emplo	yer identification	number
	Address	change	Doing Business As Christia	n Family	Academy						43-2000179	
_	Name ch	•	Number and street (or P O. box	ıf mail ıs not	delivered to street	address)	Room/	/surte		E Telephi	one number	
	Initial ret	-	3612 Falling Creek Rd.				ŀ				828-256-8474	
	Terminat		City or town, state or country,	and ZIP +	4		1					
$\overline{}$	Amended		Hickory, NC 28601							G Gross	receipts \$	
$\overline{}$		on pending		oal officer				\neg	M/a\ la tha		for affiliates? Y	os [/] No
_	Applicati	on pending	David Gruver 3612 Falling		Hickory NC 2	2601					ncluded? Y	
_	T			501(c) () ◀ (insert no.)		527	,			list. (see instruct	
		npt status.	rw.christianfamilyacademy.c	<u></u>) 4 (discitio.)	4547(a)(1) UI					n number 🕨	-
				Association	☐ Other ▶	1						NC NC
_	art I	Summ		SSUCIALIUM	Caler >	I L Y	ear of for	matior	1; 2003	I WI SIZIE	of legal domicile	- 110
	1		escribe the organization's	mission	or most signific	ont activities:						
	'	-	-		_			Inte	rnal Da	VODUO C		
9	ļ	Providin	g Christian education and tr	ranning to	i Sweens in gr	4062 K-12			DE/	veriue S	Service	
Ē							 -			CEIVED		
Aetivities & Governance	١ .	^hl - 4h					- # OF		C.C.J.	0 2012		
á	2		nis box > if the organization						rsiuet Sezei	1 1	3	
<u>«</u> ق	3		of voting members of the	_		•				3		6
9	4		of independent voting mer			• •		D) .	Hick	ory, NC		6
₹	5		mber of individuals employ		-	•	-			· • ——		13
Aei	6		mber of volunteers (estima		• • • • • • • • • • • • • • • • • • • •					6		4
	l .		related business revenue fi		=	•				7a		
	b	Net unre	lated business taxable inc	ome from	n Form 990-1,	line 34	· ·	; ·		7b		0
	i _								Prior Y		Current \	
9	8	, ,								35,257		33,493
Ē	9	Program service revenue (Part VIII, line 2g)								332,512		343,520
Revenue	10		ent income (Part VIII, colun			•		L_				
_	11		venue (Part VIII, column (A					L				
	12	Total rev	enue-add lines 8 through	11 (must	equal Part VIII,	column (A), li	ne 12)			367,823		377,013
	13		ınd simılar amounts paıd (F	· ·		•		L				
	14	Benefits	paid to or for members (Pa	art IX, co	olumn (A), line 4	1)		<u> </u>				
8	15	Salaries,	other compensation, emplo	oyee bene	efits (Part IX, co	lumn (A), lines	5–10)	L		301,104		182,875
Expenses	16a	Profession	onal fundraising fees (Part	IX, colur	nn (A), line 11e	e)						
ğ	b	Total fun	ndraising expenses (Part IX	(, columr	ı (D), line 25) 🕨	·	2,400	<u> </u>				
ш	17	Other ex	penses (Part IX, column (A	4), lines 1	1a-11d, 11f-2	4f)		L				186,619
	18	Total exp	penses. Add lines 13-17 (n	nust equ	al Part IX, colu	mn (A), line 25	5) .			362,836		371,894
	19	Revenue	e less expenses. Subtract I	line 18 fr	om line 12 .	<u></u>				4,933		5,119
sets or	:[Begi	inning of C	urrent Year	End of Y	ear
	20	Total ass	sets (Part X, line 16)									
Net Ass Fund Be	21	Total liab	bilities (Part X, line 26)									
Ž.₹	22	Net asse	ets or fund balances. Subtr	ract line	21 from line 20	<u> </u>						
P	art II	Signa	ture Block									
			ury, pectare that I have examined								my knowledge ar	nd belief, it is
tru	e, correc	t, and comp	1// // /// // // // // // // // // // //		er) is based on all i	nformation of whi	ich prepa	arer has	s any know			
			1 molline							2-15	-13	
Się		Sign	lature of officer	100					D	ate		
He	re		AVID A. GRUV	LK								
		Typ	e or print name and title									
Pa	nid	Print/Ty	ype preparer's name	Pre	parer's signature			Date		Check	PTIN PTIN	
	epare	r L								self-em		
	se Onl	1	name ►						Fin	m's EIN ▶		
J		יעי עי	address ▶							one no.		
Ma	y the IF		ss this return with the prep	arer show	wn above? (see	instructions)					🗆	res 🗌 No
_			uction Act Notice, see the se					1. No 1	1282Y			990 (2010)

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: To help fulfill the Great Commission by providing Christian education and training for students and their familia	
2	Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ?	n the · ☐ Yes ☑ No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog services?	gram · ∐Yes ☑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	by avacace Section
•	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graothers, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$365,756 including grants of \$) (Revenue \$	372,513)
	Education - Primary and Secondary School	
		·
4b	(Code:) (Expenses \$ 6,138 including-grants of \$) (Revenue \$	4,500)
	Missions - Sponsoring mission trips and hosting international students	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 371,894	

Form 990 (2010)

Page 2

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
b	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	11b		1
С	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	11c		1
d	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	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	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	1	
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	✓
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		1

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
Ь	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		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	
С	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		✓_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		√
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		√
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
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		1
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			√
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	37		y
				<u> </u>

Part				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	· · · · · · · · · · · · · · · · · · ·		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	·
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 13	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	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		✓
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 authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		,
	account)?	4a	<u> </u>	/
Ь	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	- · · · · · · · · · · · · · · · · · · ·	_	ŀ	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\
C D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		-
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	}		
	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year]
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
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 8899 as required?	7g	 	✓
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	-	/
	-		l	
	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.	۰	-	·
а	Did the organization make any taxable distributions under section 4966?	9a	ĺ	/
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	/
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	130	 	1
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a	 	
ь	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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		Ť

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow		for a
r ait	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	C3 ///	CCIA	
	Check if Schedule O contains a response to any question in this Part VI			. 🗖
Section	on A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	1 1		
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	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct	┝┻┤	<u> </u>	-
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	H		 '
	of the governing body?	7a		1
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,,		-
а	The governing body?	8a	1	İ
ь	Each committee with authority to act on behalf of the governing body?	8b	_ V	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
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?.	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	L
	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 taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	•		
17 18	List the states with which a copy of this Form 990 is required to be filed ► NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)))s onl	y) ava	ailable
	for public inspection. Indicate how you make these available. Check all that apply.			
46	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy
	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
20			3	

Dage	7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

☐ Check this box if neither the organization ne		d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, director	, or trustee.
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per	}				that ap		Reportable compensation	Reportable compensation from	Estimated amount of
	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)	other compensation from the organization and related organizations
(1) David A. Gruver	40				,			24,000*	o	0
Board President/Administrator		1	\vdash	✓	1	/	 	ļ		
(2) Vicki P. Gruver Board Secretary/Treasurer	40	/		/	/	1		24,000*	o	0
(3) Joel Parker	- 1							0	o	0
Board Member	<u> </u>	/	<u> </u>	L_		<u> </u>	ļ			
(4) Shaun Hurrie Board Member	- 1	1						o	0	0
(5) Chris Gruver Board Member/Assistant Administrator	35	1			1	1		22,200	o	0
(6) Anthony Price Board Member/Part time teacher	18	1			/			10,850	o	0
(7) Kim Crane Teacher	35					1		20,000	o	0
(8) Talitha Gwaltney Teacher	- 35					1		18,600	o	0
(9)										
(10)	-							*Compensatio	for teaching,	not for board
(11)										
(12)			-							
(13)	-			\vdash						
(14)	_		-				_			· · · · · · · · · · · · · · · · · · ·
(15)		-		-				 		 ,
(16)										

					**	~ `			(7)	/men			(E)	
	(A) Name and title	(B) Average	(C) e Position (check all that appl						(D) Reportable	(E) Reportable			(F) mated	
		hours per week (describe hours for related organizations in Schedule O)	Individual tre	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-MI	from s	amo comp fro organ and	ount of ther ensation the nization related lization	on n
(17)							,			. ,		· · ·		
(18)														
(19)														
(20)														
(21)								-						
(22)						:								
(23)													-	
(24)														
(25)			:											
(26)														
(27)												** =		
(28)								-						
1b c	Sub-total			•	•			>	119,650					
<u>d</u> 2	Total (add lines 1b and 1c)	not limited	to th				above	e) w	ho received m	<u> </u>	0,000 i	n		
	reportable compensation from the organi	zation > 0	<u> </u>		_								Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compen	sated	3	103	√
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npei	nsatio	on a	and other comp					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	individual	· · · ·							· · · · ·			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidual	5		1
Section	on B. Independent Contractors												<u> </u>	
1	Complete this table for your five highest compensation from the organization.	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more than	\$100,	000 of		
	(A) Name and business add	iress							(B) Description of s	services	C	(C) ompens		
		· · - · ·						F						
								F						
										-				
2	Total number of independent contractor received more than \$100,000 in compens							o tt	nose listed ab	ove) who				

Part	VIII	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
22	1a	Federated campaigns 1a				
£ \$	ь	Membership dues 1b			ļ	
اع ق	С	Fundraising events 1c 35,893				
풀림	d	Related organizations 1d				
흥물	e	Government grants (contributions) 1e				
<u>8</u> 9	f	All other contributions, gifts, grants,				
まき	•	and similar amounts not included above	İ			
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines 1a-1f; \$	}		l	
듯죑	g h	Total. Add lines 1a–1f	35,893			
		Business Code	33,033			
2	2a	Tuition	292,800			
ě	b	Registrations				
Program Service Revenue	-	Book Fees	14,165 20,800			
ڲٙ	c d	Test Fees	2,490			
တိ	_	Lab Fees	1,865			
鞷	e f	All other program service revenue .	1,003	-		
ğ	g	Total. Add lines 2a–2f	332,120		l	<u> </u>
	3	Investment income (including dividends, interest,	332,120		ı	I
İ	Ū	and other similar amounts)			1	
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties		- 		<u> </u>
	J	(i) Real (ii) Personal				ļ
	6a	Gross Rents				
	ь	Less rental expenses	İ		ļ	
	C	Rental income or (loss)]	
	d	Net rental income or (loss)			İ	Ì
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	i i			
	Ь	Less: cost or other basis				
		and sales expenses .	1			
	C	Gain or (loss)			ļ	
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·		
Revenue	8a	Gross income from fundraising				
Š		events (not including \$				
Re		of contributions reported on line 1c).	ł		1	ĺ
ē		See Part IV, line 18 a				
Other	Ь	Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less	[
		returns and allowances a	1			
	b	Less: cost of goods sold b	l			
	С	Net income or (loss) from sales of inventory ▶		· .		
		Miscellaneous Revenue Business Code				
	11a	Loans 9,000				
	b					ļ
	С					
	d	All other revenue			ļ	
	12	Total. Add lines 11a-11d	9,000		-	
	12	Total revenue. See instructions	377,013		1	1

Part IX Statement of Functional Expenses

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

All other organizations must complete columns (A) but are not required to complete columns (B) (C), and (C)

	All other organizations must complete co				ано (о).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		. ,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		, , , ,		
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits			1	
10	Payroll taxes	71,164			
11	Fees for services (non-employees):		· · ·		
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			 	
f	Investment management fees			<u> </u>	
g	Other			 	
12	Advertising and promotion				-
13	Office expenses			<u> </u>	
14	Information technology			 	· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel	4,956	_		-
18	Payments of travel or entertainment expenses	.,550		 	
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings .				-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			1	
23	Insurance	6,394			
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24f expenses on Schedule O.)				
а	Textbooks and educational supplies	16,827			
b	Loan Repayments	16,000			
C	Special events	4,443			
d	Programs and field trips	2,713			
e	Miscellaneous supplies and expenses	2,040			
f	All other expenses	8,659			
25	Total functional expenses. Add lines 1 through 24f	342,817			
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			1	
	campaign and fundraising solicitation			l	l .

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 2,894 10,066 1 2 2 Savings and temporary cash investments 3 3 4 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 7 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 100 b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 34

Form 9	90 (2010)	• 4		Pa	age 12
Par	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)	11		37	7,013
2	Total expenses (must equal Part IX, column (A), line 25)	2		37	1,894
3	Revenue less expenses. Subtract line 2 from line 1	3			5,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			
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			
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		<u></u>	<u></u>	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain i	n	Yes	No_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		
b	Were the organization's financial statements audited by an independent accountant?			 	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection sel	oversigh	nt =		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the y issued on a separate basis, consolidated basis, or both:	ear wer	е		
20	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2010)