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### Form 990

#### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

Yes

TEEA0113L 12/21/10

No

Form 990 (2010)

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements 8/01 For the 2010 calendar year, or tax year beginning , 2010, and ending 2011 D Employer Identification Number Check if applicable Cornerstone Christian School 75-2123230 Address change 1502 N. Jefferson E Telephone number Name change San Angelo, TX 76901 (325)655-3439Initial return Terminated 1,468,376. Amended return G Gross receipts \$ H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending Yes Xino H(b) Are all affiliates included? Yes No Same As C Above If 'No,' attach a list (see instructions) 4947(a)(1) or 527 X 501(c)(3) Tax-exempt status 501(c) ) ◀ (insert no) Website: ► N/A H(c) Group exemption number Form of organization X Corporation Trust Other ► L Year of Formation 1986 M State of legal domicite Association Part I Summary 1 Briefly describe the organization's mission or most significant activities. Cornerstone Christian School believes in ministering to the total person. We, therefore, feel the need to provide a \_ \_ \_ SCANNED JUL 10 2012 high quality education, both spiritually and academically, to the children of the San Angelo\_area\_ The primary objective and purpose of the school is to provide a\_ 2 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 64 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 **6** Total number of volunteers (estimate if necessary) 110 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,588,413. 467,554. Contributions and grants (Part VIII, line 1h) 825,908. 9 Program service revenue (Part VIII, line 2g) 864,160. Investment income (Part VIII, column (A), lines 374, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Ple) -2,642362. Other revenue (Part VIII, column (A), lines 36,006 20,895. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A)) line 12) 4,447,685 352,971. Grants and similar amounts paid (Part IX, column)(A) lines 123)12 89,453. ŝ Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part) X, column 931,765 817,494. (X), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), b Total fundraising expenses (Part IX, column (D), line 25) ▶ 498,697 660,925. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,430,462 1,567,872. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 3,017,223. -214,901.Beginning of Current Year **End of Year** 6,009,231. 5,435,118. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 776,239. 417,027. Net assets or fund balances. Subtract line 21 from line 20 5,232,992. 5,018,091 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other, than officer) is based on all information of which preparer has any knowledge. Signature of Sign Here Type or print nam ie and title PTIN Print/Type preparer's name Check 6/12/12 JoAnn V. N/A Avants self-employed Paid ► JONES HAY MARSOMALL & Preparer MCKINNEY, PC Firm's name Use Only ► PO BOX 391 Firm's EIN N/A Firm's address SAN ANGELO, TX 76902-0391 (325) 655-4104 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions).

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n <b>990</b> (2010) Cornerstone Christian School	75-21	<u> 232</u> 3	0		Page :
Par	·					
	Check if Schedule O contains a response to any question in this Part III					X
1	,					
	See Schedule 0					
	Did the organization undertake any significant program services during the year which were not listed of	on the prior			•	
_	Form 990 or 990-EZ?	,		Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program significant	ervices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	es by exper and allocation	nses S	Sectio others	n 501 s, the	(c)(3) total
48	a (Code) (Expenses \$ 1,310,422. including grants of \$) (	Revenue	\$			;
	Accredited Education: Pre-Kindergarten through twelfth grade wi					
	average of 205 students.		. <del></del>			
						<b></b>
						<b></b> -
				- <b></b>		
		<del>-</del> -				
41	<b>b</b> (Code ) (Expenses \$ including grants of \$) (	Revenue	\$			)
				<del>-</del>		
			- <del></del> -			
					- <b></b>	
						·
40	c (Code) (Expenses \$ including grants of \$) (	Revenue	\$			;
						<b></b> -
			- <del>-</del>			
		<b></b>				
				<b>-</b>		
40	d Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
11	e Total program service expenses > 1.310.422.					

Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I 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 Х 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 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, 6 Х 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V Х 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D, Part VI 11 a 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 11<sub>b</sub> Х c 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 Х 11 c 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 11 d Х Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12a 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 Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 Х 14b 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 Х 15 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 X 16 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 Х 17 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 Х 18 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 Х 19 Х 20 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H '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) 20 b

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· Part IV Checklist of Required Schedules (continued) No Yes 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 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 X 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* Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X 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? If 'Yes,' complete 25b Schedule L, Part I Х 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 Х 26 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 Х 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х a 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 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 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 BAA

Form 990 (2010)

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#### 75-2123230 Page 5 ∤Part 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 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 64 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2<sub>b</sub> Х **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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7ь 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 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a **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 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 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 **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12<sub>b</sub> 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14<sub>b</sub>

Form 990 (2010) Cornerstone Christian School 75-2123230 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 9 1 b **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? X 7h b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done See Schedule O 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official Х 15b **b** Other officers of key employees of the organization See Schedule O 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 16 a χ taxable entity during the year? 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? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public 18 inspection. Indicate how you make these available. Check all that apply |X| Upon request Another's website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

statements available to the public

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

> Jones Hay Marschall McKinney 36 W. Beauregard, San Angelo, TX 76902 (325) 655-4104

See Schedule O

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

Check if Schedule O contains a response 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

Check this box if neither the organization	n nor any	relate	d or	gan	ızatı	ion co	mpe	ensated any current of	ficer, director, or trus	lee.
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	ndividual trustee or director	Institutional trustee		™ Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) David Bryant Director	0							0.	0.	0.
(2) Hal Peter		,,								
Director	2	X						0.	0.	0.
(3) Paula Plachno Director	2	X						0.	0.	0.
(4) James Bird Assis Secretary	2	x					:	0.	0.	0.
(5) Mickey McCrea Director	2	Х						0.	0.	0.
(6) Dr. Gary Nussey	2	**		х				0.	0.	0.
Treasurer (7) Daniel Jensen										
President (8) Billie DeWitt	2		-	Х				0.	0.	0.
Vice President	2			Х				0.	0.	0.
_(9) Benjy Hernandez Secretary	2			Х				0.	0.	0.
(10) Kristin L Wells Administrator	40				Х			37,239.	0.	0.
(11) Michael D Dixon										
Administrator	40				X			31,087.	0.	0.
(13)										
(14)										
(15)										
(16)										
(17)										
BAA		T	EEAC	107L	12/	21/10			J 1	Form <b>990</b> (2010)

Part VIII Section A. Officers, Directors, Trus	tees, Ł	(ey	Em	<u>ıplc</u>	oye	es,	an	d Highest Con	pensated Emp	loyees (cont)
` (A)	(B)			•	c)			(D)	(E)	(F)
Name and title	Average hours per week				<b>, —</b>	_	_	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	hours per week (describe hours for related organi	direc	Institutional trustee	Officer	Key employee	Highest compensatemployee	Former	the organization (W 2/1099 MISC)	(W 2/1099 MISC)	from the organization
	organi	to in	onal		ploye	com				and related organizations
	Sch O)	trustee	truste		l iii	pens				
			e			ated				
(18)							ļ			
(19)										
(19)					ļ	-				
(20)										
(21)										
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(25)		ļ <u>.</u>								
							_			
(26)										
(27)										
(28)										
(29)										
1b Sub-total	i	<u> </u>	L		·		<b>&gt;</b>	68,326.	0.	0.
c Total from continuation sheets to Part VII, Section	Α						<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)							_	82,317.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se li	sted	labo	ove)	wh	o re	ceived more than	\$100,000 in report	able compensation
nom the organization									*****	Yes No
3 Did the organization list anyformer officer, director	or truste	e, k	ey e	emp	loye	e, o	r hig	ghest compensate	d employee	
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for such in	ndıvıdua	I								3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portable han \$15	cor 60,00	npei 10? <i>11</i>	nsat f 'Ye	tion es' c	and omp	oth olete	er compensation Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	any	unre	elate	ed organization or	ındıvidual	5 X
for services rendered to the organization? If 'Yes,' c Section B. Independent Contractors	ompiete	SCI	теац	ne J	TOF	Suc	:п ре	erson		31 1 A
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	lent	con	itrac	tors	tha	t received more t	nan \$100,000 of	
(A) Name and business addres	s							(B)	) of services	(C) Compensation
								.'		
					•					
O Tilde best for the second	L	Local	ا د ما	<u> </u>		11	اد م	ha)ha	od more there	
2 Total number of independent contractors (including \$100,000 in compensation from the organization►	_	ıımı	ea 1	io th	iose	IISt	ed a	above) who receiv	eu more tnan	

 $\mathcal{F}_{\bullet} = \mathcal{F}_{\bullet}$ 

Fai	t 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
v	1a Federated campaigns. 1a					
ANT	b Membership dues 1b					
A D	c Fundraising events 1c				*	!
RA	d Related organizations.		•			
S,G	e Government grants (contributions) 1e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	467,554.	-			
F S	g Noncash contributions included in lns 1a-1f* \$					
용론	h Total. Add lines 1a-1f		467,554.			
PROGRAM SERVICE REVENUE		siness Code				
<u> </u>	2a Tuition/Registration Fees		794,877.	794,877.		
2	b Student Athletic		39,993.	39,993.		
<u>ک</u> ا	c Student Activities		13,016.	13,016.		
SE	d After School Care		8,821.	8,821.		
ΑM	e Misc & Late Fees		5,478.	5,478.		
å	f All other program service revenue		1,975.	1,975.		
<u> </u>	g Total. Add lines 2a-2f	<b>•</b>	864,160.			
	3 Investment income (including dividends, inte	rest and	362.			362.
	other similar amounts)		302.			302.
	4 Income from investment of tax-exempt bond	proceeds				
	5 Royalties (i) Real	(ii) Personal				
		9,482.				
	6a Gross Rents	3,402.				
	b Less rental expenses	9,482.				
	c Rental income or (loss)	9,402.	9,482.	9,482.	mp	
	d Net rental income or (loss)	(ii) Other	3,402.	9,402.		
	7 a Gross amount from sales of assets other than inventory	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
1	c Gain or (loss)		a source and a second			
	d Net gain or (loss)	•				
OTHER REVENUE	8a Gross income from fundraising events (not including \$		;			
ĘĘ	of contributions reported on line 1c)					
8	See Part IV, line 18	9,704.	~			
Ŧ	<b>b</b> Less direct expenses <b>b</b>	8,901.	2.3	000		
	c Net income or (loss) from fundraising events		803.	803.		
	9a Gross income from gaming activities. See Part IV, line 19 a	· -				'
	<b>b</b> Less direct expenses <b>b</b>					
	c Net income or (loss) from gaming activities		~			
		117,114.	4		,	
	3	106,504.	10 610			10 610
	c Net income or (loss) from sales of inventory	O : 1	10,610.			10,610.
ļ		siness Code				
	11a					
	, b	-				
	d All other revenue					
	e Total. Add lines 11a-11d	<b>•</b>				
	12 Total revenue. See instructions	<b>▶</b>	1,352,971.	874,445.	0.	10,972.
	12 Total revenue. See Instructions		1,332,311.	0/4,443.	0.	10,712.

Form **990** (2010)

Page 10

#### Pant X 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, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	89,453.	89,453.		
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	82,317.	6,612.	75,705.	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages.	606,765.	510,043.	96,722.	
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	66,372.	61,081.	5,291.	
10 Payroll taxes	62,040.	48,424.	13,616.	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	3,189.	2,711.	478.	
c Accounting	18,811.	15,989.	2,822.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
<b>q</b> Other	6,468.		6,468.	
12 Advertising and promotion	10,502.		10,502.	-
13 Office expenses	16,274.	13,833.	2,441.	
14 Information technology	8,974.	7,629.	1,345.	
15 Royalties	0,3,1.1	1,023.	2,010.	
16 Occupancy	164,421.	139,758.	24,663.	
17 Travel	884.	133,730.	884.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	004.		001.	
19 Conferences, conventions, and meetings				
20 Interest	47.		47.	<del> </del>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,910.	173,596.	3,314.	
23 Insurance	6,166.	5,078.	1,088.	
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.)				
a Bad Debt	73,229.	73,229.		
b Student Athletics & Activities	58,562.	58,562.		
c Supplies	55,957.	55,957.		
d Maintenance - Computers	32,884.	27,951.	4,933.	
e Dues & Training	10,085.	5,573.	4,512.	
f All other expenses.	17,562.	14,943.	2,619.	<del> </del>
25 Total functional expenses Add lines 1 through 24f	1,567,872.	1,310,422.	257,450.	0.
26 Joint costs. Check here   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				

Organizations that do not follow SFAS 117, check here

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total net assets or fund balances

75-2123230 Page 11 Form 990 (2010) Cornerstone Christian School Part X Balance Sheet (A) Beginning of year (B) End of year 206,328. 249,868 1 Cash - non-interest-bearing 1 385,745. 2 1,017,327 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 447,548 4 12,944 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L 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 6 organizations (see instructions) Notes and loans receivable, net 7 9,413 8 9,443 Inventories for sale or use 41,254 32,890. 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 10 a 5,517,267 4,779,404. 737,863 4,252,185 10 c 10b **b** Less accumulated depreciation. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 6,009,231. 16 5,435,118. Total assets Add lines 1 through 15 (must equal line 34) 16 79,938. 79,627 17 Accounts payable and accrued expenses 17 18 18 Grants payable 667,700. 292,025. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 22 of Schedule L Secured mortgages and notes payable to unrelated third parties. 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 <u>45,</u>375. 28,601. 25 Other liabilities Complete Part X of Schedule D 417,027. 776,239. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29 and lines 33 and 34. 4,571,260. 4,084,264 27 27 Unrestricted net assets 1,148,728 28 446,831. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29

34 Total liabilities and net assets/fund balances. BAA

30

31

32

33

lines 30 through 34.

Q R

BALANCES

5,435,118. Form 990 (2010)

5,018,091.

30

31

32

33

34

5,232,992.

6,009,231

and complete

Form	990 (2010) Cornerstone Christian School	75-2123230	Page <b>12</b>
Part	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	1,352,971.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,567,872.
3	Revenue less expenses Subtract line 2 from line 1	3	-214,901.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,232,992.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,018,091.
Parl	tXII → Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		П
	Accounting method used to prepare the Form 990.   Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	Were the organization's financial statements audited by an independent accountant?		2b X
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	t of the audit,	2 C
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	issued on a	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b
BAA			Form <b>990</b> (2010)

# SCHEDULE A (Form 990 or 990-EZ)

2.

**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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

ame (	of the	organization		<del></del>					Employe	r identificat	ion number		
Cor	ne:	rstone Chr <u>ist</u> i	an School						75-23	L23230	)		
Par	t I	Reason for Publ	ic Charity Status	(All organizations	must d	comple	te this	part.)	See II	nstruct	ions.		
he o	orga	nization is not a priva	te foundation becaus	e it is. (For lines 1 throi	ugh 11,	check o	nly one	box )					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).					
2	X	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	d in <b>sec</b>	tion 170	)(b)(1)(A	<b>()(</b> iii).					
4	П			in conjunction with a h					)(b)(1)(A	A)(iii) Er	nter the hos	spital's	
		name, city, and state	•	·	·								
5		An organization oper 170(b)(1)(A)(iv). (Con	ated for the benefit omplete Part II)	f a college or university					nmenta	unit des	scribed in s	section	1
6 7		A federal, state, or lo An organization that in section 170(b)(1)(A)	normally receives a s	overnmental unit descril substantial part of its su rt II )	bed in <b>s</b> ipport fr	ection 1 om a go	<b>70(b)(1)</b> vernme	( <b>A)(v).</b> ntal unit	or fron	n the ger	neral public	descr	ıbed
8				<b>70(b)(1)(A)(vi).</b> (Complet	te Part I	I)							
9		from activities related investment income a	d to its exempt function	) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	i except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from o	ross
10		·	,	xclusively to test for pu	iblic safe	ety. See	section	509(a)	(4).				
11		An organization orga	nized and operated e	exclusively for the benef scribed in section 509(a tion and complete lines	fit of to	nerform	the fun	ctions o	of orca	rry out th <b>509(a)(3)</b>	ne purpose . Check th	s of or e box	ne or that
		a Type I	<b>b</b> Type II			ctionally				d 🗌	Type III -		
е		By checking this hox	L certify that the org	anization is not controll r than one or more publ	ed direc	tly or in	directly	by one	or more escribed	disquali in section	ified persor	าร	
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I,	Type II	or Type	e III sup	porting	organizatioi	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift or	r contrib	oution fro	om any	of the fo	llowing	persons	;7	Yes	No
		(i) A person who obelow, the gove	directly or indirectly co	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	escribed	d ın (ıı)	and (III)	11 g (i)	163	
		(ii) A family memb	er of a person descri	bed ın (ı) above <sup>?</sup>							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	ll	
h		Provide the following	information about th	e supported organization	n(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	(v) Did y the organ columi your su	nzation in	organiz colur	s the sation in mn (i) ed in the S ?	(viı) Amour	nt of supp	oort
					Yes	No	Yes	No	Yes	No			
A)													
								- "					
B)													
C)					ļ <u>.</u>								
D)													
E)			· · · · · · · · · · · · · · · · · · ·			,		\$2.33°		, .			
otal			· · · · · · · · · · · · · · · · · · ·	3500	1	,		,					

Schedule A (Form 990 or 990-EZ) 2010

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 201	0	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		eller o		(4. /					
6	Public support. Subtract line 5 from line 4	, ,	* * * * * * * * * * * * * * * * * * * *	**	• •					
Sec	tion B. Total Support		- <del></del>					<del></del>		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	<b>(e)</b> 201	0	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10	`.*	No. 1			*				
12	Gross receipts from related activ	ities, etc (see inst	tructions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 50	01(c)(3	3) ▶ □		
	tion C. Computation of Pul					<del></del> -	1			
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		-	14			
	Public support percentage from 2					L	15	%		
16 a	33-1/3% support test – 2010. If t and stop here. The organization	he organization di qualifies as a pub	id not check the b licly supported or	oox on line 13, an ganization	d the line 14 is 33	3-1/3% or m	ore, cl	neck this box		
b	33-1/3% support test – 2009. If t and stop here. The organization	he organization di qualifies as a pub	id not check a bo licly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or r	more, (	check this box		
17 a	7a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	<b>b 10%-facts-and-circumstances test</b> — <b>2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
<u>18</u> Baa	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,				tructions ► 0 or 990-EZ) 2010		

Page 3

#### Partill | 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						
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 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						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from						
t	disqualified persons  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
8	Public support (Subtract line	* . Jun	AT THE LOSS OF .	* * * * * * * * * * * * * * * * * * * *			
	7c from line 6.)	and the state of t				* * * * * * * * * * * * * * * * * * * *	
	tion B. Total Support				1		
	dar year (or fiscal yr beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6						
	discreption of the control of the co						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			<u> </u>			
13	Total support. (Add Ins 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	> □
Saa	tion C. Computation of Pul			<del> </del>	<del></del>		
	Public support percentage for 20			o 13 column (f)	\	15	%
15	.,			ie 13, column (1),	,	16	
<u>16</u>	Public support percentage from 2					1101	<u> </u>
	tion D. Computation of Inv				(6)	17	%
17	Investment income percentage for	•		-	ımn (t)).	<del>                                     </del>	
18	Investment income percentage fi				and line 15	18   18   18   27   18   28   29   29   29   29   29   29   2	
10.						a inan 44.1/4% 20	
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	
	a 33-1/3% support tests — 2010. If is not more than 33-1/3%, check b 33-1/3% support tests — 2009. If line 18 is not more than 33-1/3% Private foundation. If the organia	this box and <b>sto</b> the organization o, check this box a	<b>p here.</b> The organ did not check a b and <b>stop here.</b> The	ization qualifies a ox on line 14 or l e organization qu	as a publicly supp line 19a, and line Jalifies as a public	orted organization 16 is more than 33 ly supported organi	-1/3%. and

٠٠,

Schedule /	A (Form 990 or 990-EZ	)2010 Corne	rstone Chr	istian Sch	ool	75-2123230	Page <b>4</b>
Partily	Supplemental Interpretation Part II, line 17a constructions	<b>formation.</b> Cor or 17b; and Par or	nplete this pa t III, line 12.	rt to provide Also complet	the explanations e this part for an	75-2123230 required by Part II, y additional informa	line 10; ation.
	_ <b> </b>		<del></del>		<b></b>		
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<b></b>			<b></b>				
					- <b></b>		
					<b></b>	<del></del>	_ <b></b>
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	<del>-</del>						
			<del>-</del>				

#### **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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 75-2123230 Cornerstone Christian School Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? No Yes 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 No purpose conferring impermissible private benefit? Part II | 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 an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 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 tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 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 7 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)? No 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 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 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 a Revenues included in Form 990, Part VIII. line 1 ►\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2010 Corne				75-212.	
Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisit items (check all that apply)	ion, accession, a	and other records, ch	eck any of the following	that are a significant u	se of its collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e 💹 Other			
c Preservation for future gener	rations				
4 Provide a description of the orga Part XIV	inization's collec	tions and explain how	w they further the organ	ization's exempt purpos	se in
5 During the year, did the organiza assets to be sold to raise funds in					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I <b>l Arrangeme</b> ount on Form	<b>nts.</b> Complete if 6 990, Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or oth	ner assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIV and	d complete the follow	ing table <sup>.</sup>		Amount
c Beginning balance				1c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1e	
				1f	<del></del>
<ul><li>f Ending balance</li><li>2a Did the organization include an a</li></ul>	amount on Form	990 Part Y June 213	)		Yes No
5		1 990, Fait A, line 21		l	
b If 'Yes,' explain the arrangement  Part V Endowment Funds. Co		organization and	swared 'Yes' to For	m 990 Part IV line	10
Part V   Elidowillent Fullus. Co	(a) Current ye				(e) Four years back
1 a Danisana of ware balance	(a) Current ye	al (b) Frioi yea	(C) TWO years back	(u) Tillee years back	(e) Tour years back
1 a Beginning of year balance				<del></del>	
<b>b</b> Contributions					<u> </u>
c Net investment earnings, gains, and losses					
d Grants or scholarships				8	
<ul> <li>Other expenditures for facilities and programs</li> </ul>				, , ,	^,
f Administrative expenses				, , , , , , , , , , , , , , , , , , ,	
<b>g</b> End of year balance					ş
2 Provide the estimated percentag	e of the year en	d balance held as			
a Board designated or quasi-endov	wment ►	%			
<b>b</b> Permanent endowment	%				
c Term endowment ►	%				
3a Are there endowment funds not	in the personne	on of the organization	that are hold and admi	nictored for the	
organization by:	in the possessic	on or the organization	that are new and admi	instered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations lis	ted as required on So	chedule R?		3b
4 Describe in Part XIV the intende	_				
Part VI Land, Buildings, and					*
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			178,394.		178,394.
<b>b</b> Buildings			4,666,162.	538,906.	4,127,256.
c Leasehold improvements					
<b>d</b> Equipment	-		211,818.	89,209.	122,609.
e Other			460,893.	109,748.	351,145.
Total. Add lines 1a through 1e (Column	nn (d) must eaua	al Form 990, Part X. o		•	4,779,404.
ВАА	,,,,			Sched	ule <b>D</b> (Form 990) 2010

TEEA3302L 12/20/10

Total (Column (b) must equal Form 990, Part X, column (B) line 25) ► 45, 375.

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).

(8) (9) (10)

Schedule D (Form 990) 2010 Cornerstone Christian School	75-2123230	Page 4
Part:XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments.		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenu	ue per Return N/A	• 1,0
Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
Detroit (December 111 Dit 711 )	16	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 Total expenses and losses per audited financial statements	1	
	,	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.  a Donated services and use of facilities 2a 2a		
D. Hollyon dejaction		
,		
e Add lines 2a through 2d	2e 3	
3 Subtract line 2e from line 1	3	<del></del>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  4a	j.	
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information	<del></del>	•
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 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 Als any additional information.	4, Part IV, lines 1b and 2b, so complete this part to prov	ride
	<b></b>	

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Schedule **D** (Form 990) 2010

Schedule <b>D</b>	(Form 990) 2010	Cornerstone	Christian Sch	ool		75-2123230	Page 5
Part XIV	Supplemental	Information (co	Christian Sch ontinued)				
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#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Cornerstone Christian School 75-2123230 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Х Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Part II 3 X Organization publicized its racially nondiscriminatory policy through newspaper media Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? Х 4d If you answered 'No' to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to. a Students' rights or privileges? 5a **b** Admissions policies? 5b Х c Employment of faculty or administrative staff? 5 c d Scholarships or other financial assistance? 5d e Educational policies? 5e Х f Use of facilities? 5f g Athletic programs? 5q Х h Other extracurricular activities? 5h X If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? X 6ь If you answered 'Yes' to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Part II

Schedule	<b>E</b> (Form 990 o	r 990-EZ) 2010	Cornerstone	Christian	School	75-2123230	Page 2
Partil	Supplemen 4d, 5h, 6b, (see instruc	tal Informati and 7, as ap tions).	ion. Complete for plicable. Also d	this part to pro complete this	ovide the explan part to provide a	75-2123230 ations required by Part I, lines 3, any other additional information	
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# SCHEDULE I

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2010

\*

Open to Public Inspection

**Employer identification number** 75-2123230 General Information on Grants and Assistance Cornerstone Christian School Department of the Treasury Internal Revenue Service Name of the organization Part

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. Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

X No

(h) Purpose of grant or assistance Assistance Tuition (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance (d) Amount of cash grant 89,453 (c) IRC section if applicable 501 (c) (3) Part II can be duplicated if additional space is needed (P) EIN 1 (a) Name and address of organization 1502 N Jefferson San Angelo, TX 76901 CCS Foundation or government ı 111 111 1 1 1111 i ١ 111 1 1 1 1 1 1 1 1 1  $\Xi$ 8 <u>ල</u> **£** 1 <u>@</u> 9  $\mathbb{C}_{l}$ 8

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

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Page 2 Schedule I (Form 990) 2010 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 75-2123230 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Cornerstone Christian School (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2010 Part IV Part III BAA ß 9

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# SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

\*Openito Public\*\* .

Cornerstone Christian School							75-2123230						
	Excess Benefit Transactio Complete if the organization answ	ns (sect	tion 501	(c)(3) and section 1990, Part IV, line 25a	n 501(c)(4 or 25b. or F	) organi	zations	oniv	/).				
		011 1 01111	(b) Description of transaction										
1	1 (a) Name of disqualified person				(b) Description	of transaction					Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)						_					<u> </u>		
(6)												<u> </u>	
sect	er the amount of tax imposed on the ion 4958 er the amount of tax, if any, on line	2, above,	reimburs	sed by the organizatio		ing the yea	ar under	<b>►</b> \$					
Part II	Loans to and/or From Inte Complete If the organization answ	ered 'Yes'			· <del></del>	EZ, Part V,		default?	<b>(f)</b> App	proved	(g) W	/ritten	
\ <del>-</del>	, ramo di morostori personi and personi	the org	anization?	principal amount					by board or committee?		agreement?		
		То	From				Yes	No	Yes	No	Yes	No	
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Total			1	<b>&gt;</b>	_l \$		*	1		L ,			
Part III	Grants or Assistance Bend Complete if the organization	efitting n answ	Interest ered 'Ye			ne 27.							
	(a) Name of interested person (b) Relat			ship between interested person the organization	on and		(c) Amount and type of assistance						
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

∕Open to Public Inspection

Employer identification number Name of the organization 75-2123230 Cornerstone Christian School Form 990, Part III, Line 1 - Organization Mission Cornerstone Christian School believes in ministering to the total person. We, therefore, feel the need to provide a high quality education, both spiritually and academically, to the children of the San Angelo area. The primary objective and \_\_\_\_ purpose of the school is to provide a sound academic education, integrated with a Christian view of God and the world. Children should be educated at home and at school with the consciousness that all truth is God's truth, including history,\_\_\_\_\_ geography, science, music, and the arts; and that Jesus Christ is central in all learning and living. Cornerstone Christian School seeks to offer parents a positive alternative to public education. The primary reason for our existence is to offer a \_\_ Christian foundation upon which the minds of children are developed. Character\_\_\_\_ training is an important element a Cornerstone Christian School. We believe that the heart of this training is obedience, which will eventually \_\_\_\_ cultivate an inner self-discipline and is essential to the emotional, physical, \_\_\_\_\_ social and spiritual well-being of the student. The teacher is the authority in the classroom. Discipline is administered firmly but fairly with love. To obey, to do \_ \_ right, and to love God and country are attitudes we strive to instill in each student, thus equipping him for his role in God's plan for his life and for his proper place in society. Form 990, Part VI, Line 11b - Form 990 Review Process Each Officer, Director, and Executive Director receives a copy of the proposed completed Form 990. Each is requested to review and send e-mail to acknowledge receipt of Form 990. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts The administrative team will monitor. The administrator will contact the Board President if any potential conflict should arise. During Board Meetings, potential

Schedule <b>O</b> (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number 75-2123230
Cornerstone Christian School	/3-2123230
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflic	cts (continued)
conflicts are discussed and action will take place.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	s & Key Employees
The Board of Directors sets the starting salaries each year an	d adds compensation
for years of service. This procedure is in conjunction with t	he recommendations of
the administrative team.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The financial documents are available for viewing at the front	office of the school,
1502 N. Jefferson San Angelo, Texas	
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Sectional Sofa w recliners. sleeper & GE washer, .GE dish washer. .wooden -baby4crib :212-4985

WHITE :L'ANDSCAP-WHITE Water Feature 1x8x12 Red Brick Pavers, & Fire Pit 325-226-9197

Pets - AKC/Purebred-

(YAILITIM/AIN) E IN GIL II SIH BBUILIL DIOIG PIUIPIPILE'S CKC, white \$500 Serious inquires only! 325-651-4347

BRUSSELS GRIFFON PUPPIES website: www. dachshundpatch /(325) 657-9277

Legal Notices

Legal Notices

NONDISCRIMINATORY
The Cornerstone, Christian School admits students of sall\_races, "color, "national and ethnic forigin to sall the rights," privileges, "programs, and activities "generally "accorded or, "made available to students satisfies school "the does not discriminate on the basis of race, color, nation altor ethnic origin; in administration of its educa ilional policies, admission policy, scholarship and loan programs and ethnic and other school administered program.

NOTICE OF

LEGAL NOTICE
NOTICE IS HEREBY GIVEN that the City Council will consider amending the presen

Zoning Ordinance for the City of San Angelo in the City of San Angelo in the City of San Angelo in the following ways:

10:16: approve application of Historic Overlay Zone (landmark) at 201 South Chadbourne Street in central San Angelo

learings are scheduled for Tuesday September 21, 2010 and on Tuesday October 05, 2010, to receive public comment on this matter.;Both hearings will be held during City Council meetings scheduled to begin at 9,00 adm in the "Sant Angelo" Convention (Center, 500 Rio, Concho, Drive By offer of City (Council on Tuesday, September 07, 2010 Alicia Ramirez, City/Clerk

Classified

PUPPIES FREE :to good homes, '3 females, 2 males Call (325),224-8262

KITTENS. FREE good homes, various ages, sizes, & colors Litter \*box \*trained 28 very loving 227-7627

#### **Pets for Sale**

YR. old Rat Terrier .spayed 1& (current ion shots. ... \$50." 7406,

MR. Teacup male Roodle \$350. 15 yr female Poodle \$300 /Allishots 234-4849.

+Fullblood Chihuahua w/.papers, male, coream color, 4 mos old. \$125, 374-3824;

TWO FISH TANKS For Sale Fully .eguipped,fish.in- .\*\* icluded. 20/50:gallon tanks. /Asking \$250 Good:condition (Call (325)763:2578

Request for Bids

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THE CITY of San Angelo Construction & Facilities Maintenance Department is accept ing qualification :proposals Environmental : Services for future projects. Submissions will be accepted until 9.00 AM, September 22 2010 in the Purchasing Department at 106.S Chadbourne St., RM 204, San Angelo San Angelo Texas, at which time all respondents will be publicly :publicly acknowledged. For more information, call (325) .657-4219 .or .visit

#10-024 Title 'San Angelo ISD is raccepting sealed proposals for Library Books Periodicals, Supplies, and Equipment Periodicals, !Supplies, and Equipment.
Bid opening will be at 11AM, Wednesday, ·Big 1070 09/22/107 Main fullation

Bid opening will be located in the Purchasing office, 1621 University Avenue, San Angelo above: Itsted, JRPP's may be found at www.saisd.org/purchasing or by contacting the Purchasing Department at 325:947:3759

THE (CITY of San Angèlo, iis accepting sealed bids for a Project. A pre-bid sconference will be conducted on September 16, 2010, in the East Lobby at ...622 South .Oakes, beginning at ...2.00 .PM. Bid documents :plans and specifications may be obtained in the Purchasing Department, Room, 204, City Hall or may be adownloaded tat www sanangelo texas:us (at 'no cost). Bids' will be accepted until 9:00 AM September 30, 2010 in the Purchasing Department at which time all bids will be joubloly opened, and read aloud. For more information, call (325) 657-4220

SEALED APROPOSALS for REP 10:042
Signage/Way Finding Design for New Library will be Jaccepted by the Join Green 3County Auditor 112 W. Beauregard San Angelo Texas, 76903-5587, until 2:00 pm Friday, Sept 17, 2010 when proposals will be publicly opened at the same location at 2:30 pm. ion 9:17 10. Proposal specifications are available. From the County Rurchasing Department at 113 W. Beauregard San Angelo, Jexas 176903-5887, Payments processed after notification of satisfactory receipt. No bond is required. Tom Great County reserves, the right to award lump

THE CITY of San Angelo, Water Utilities
Department is accepting sealed bids for a
Valve Replacement Project A pre-bid
conference will be conducted on September 15, 2010, in the 'Second' Floor Conference Room, 106 South 'Chadbourne beginning at 10.00AM : 18d 'documents' plans, and for:\$25.00 per,set (limit three sets) or may be downloaded at www.sanangelotexas.us no cost. Bids will be accepted until 9:00 AM, September 30, 2010 in the Purchasing Department at which time all bids will be publicly opened, and read aloud For more

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Cornerstone Christian School 75-2123230 Supple mental —