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CHANGE OF ACCOUNTING PERIOD

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

2011

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning NOV 1, 2011 and ending MAY 31, 2012

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>CHRIS-TEX, INC.<br>Doing Business As  |  | <b>D</b> Employer identification number<br>59-3525513   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>BOX 833   |  | <b>E</b> Telephone number<br>(850) 478-8496   |
|  | City or town, state or country, and ZIP + 4<br>LILLIAN, AL 36549   |  | <b>G</b> Gross receipts \$ 49,634,446.  |
|  | <b>F</b> Name and address of principal officer: GARY EAST<br>250 BRENT LANE, PENSACOLA, FL 32503   |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c)</b> Group exemption number ▶  |
| <b>J</b> Website: ▶ N/A  |  |  | <b>L</b> Year of formation: 1998 <b>M</b> State of legal domicile: AL   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  |   |

Part I Summary

|                             |   |  |                           |              |
|-----------------------------|---|--|---------------------------|--------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities: <b>TO FUNCTION AS THE INVESTMENT AND ENDOWMENT MANAGER FOR PENSACOLA CHRISTIAN COLLEGE.</b> |  |                           |              |
|                             | 2 Check this box <input type="checkbox"/> 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) 4                            |                           |              |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b) 4                |                           |              |
|                             | 5   | Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0                 |                           |              |
|                             | 6   | Total number of volunteers (estimate if necessary) 0   |                           |              |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12 -462,860.                 |                           |              |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 0.   |  |                           |              |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h) 15,500,000.                                      | Prior Year                | Current Year |
|                             | 9   | Program service revenue (Part VIII, line 2g) 0.  | 0.                        | 0.           |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,111,017.                      | 18,776,079.               |              |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.                    | -462,860.                 |              |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,611,017. | 18,313,219.               |              |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.                            | 0.                        | 0.           |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4) 0.                               | 0.                        | 0.           |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.           | 0.                        | 0.           |
|                             | 16a   | Professional fundraising fees (Part IX, column (A), line 11e) 0.                               | 0.                        | 0.           |
|                             | 16b   | Total fundraising expenses (Part IX, column (D), line 25) 0.                                   |                           |              |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,991,496.                        | 1,173,958.                |              |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,991,496.  | 1,173,958.   |                           |              |
| 19                          | Revenue less expenses. Subtract line 18 from line 12 49,619,521.  | 17,139,261.  |                           |              |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16) 709,345,437.  | Beginning of Current Year | End of Year  |
|                             | 21  | Total liabilities (Part X, line 26) 0.   | 611,061,568.              | 0.           |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20 709,345,437.                        | 611,061,568.              |              |

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.

|   |   |                         |                          |                          |           |
|---|---|-------------------------|--------------------------|--------------------------|-----------|
| Sign Here   | Signature of officer                          | Date                    |                          |                          |           |
|   | GARY EAST, CONTROLLER <i>Gary East</i>        | 1/17/13                 |                          |                          |           |
| Paid Preparer Use Only  | Print/Type preparer's name                    | Preparer's signature    | Date                     | Check if self-employed   | PTIN      |
|   | JANA M. BLEDSOE, CPA                          | <i>Jana Bledsoe CPA</i> | 1/14/13                  | <input type="checkbox"/> | P00118021 |
|   | Firm's name ▶ HABIF, AROGETI, & WYNNE, L.L.P. | Firm's EIN ▶ 57-1157523 |                          |                          |           |
| Firm's address ▶ FIVE CONCOURSE PARKWAY, SUITE 1000 ATLANTA, GA 30328 |   |                         | Phone no. (404) 892-9651 |                          |           |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED FEB 27 2013

12P

Part III 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

THE PRIMARY PURPOSE OF CHRIS-TEX, INC. IS TO FUNCTION AS THE INVESTMENT AND ENDOWMENT MANAGER FOR PENSACOLA CHRISTIAN COLLEGE, A RELATED 501(C)(3) ORGANIZATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  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 services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CHRIS-TEX, INC. FUNCTIONS AS THE INVESTMENT AND ENDOWMENT MANAGER FOR PENSACOLA CHRISTIAN COLLEGE, INC., A RELATED SECTION 501(C)(3) ORGANIZATION.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   |     | X  |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>   |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>   | X   |    |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>   | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| <b>22</b> 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   |     | X  |
| <b>23</b> 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  | X   |    |
| <b>24a</b> 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                            |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| <b>25a</b> 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  |     | X  |
| <b>25b</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 Schedule L, Part I                                      |     | X  |
| <b>26</b> 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  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| <b>28</b> 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):   |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| <b>28c</b> 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   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| <b>33</b> 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  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| <b>35b</b> 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  |     | X  |
| <b>36</b> 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  |     | X  |
| <b>37</b> 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   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and Section 501(c)(7), (12), and (29) organizations.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br><i>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</i> |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?  |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | 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? <i>If "Yes," provide the names and addresses in Schedule O.</i>  |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     | X  |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done.</i>   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   |     | X  |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
|            | <i>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</i>   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GARY EAST - 850-478-7496**  
**250 BRENT LANE, PENSACOLA, FL 32503**

**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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ARLIN HORTON<br>PRESIDENT             | 1.00   | X   |                       | X       |              |                              |        | 0.   | 151,734.  | 0.  |
| (2) REBEKAH HORTON<br>SECRETARY/TREASURER | 1.00   | X   |                       | X       |              |                              |        | 0.   | 142,044.  | 0.  |
| (3) JOEL MULLENIX<br>BOARD MEMBER         | 1.00   | X   |                       |         |              |                              |        | 0.   | 107,665.  | 0.  |
| (4) DENISE SHOEMAKER<br>BOARD MEMBER      | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) TROY SHOEMAKER<br>ADMINISTRATION      | 40.00  |   |                       |         | X            |                              |        | 0.   | 182,092.  | 0.  |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|  |   |   |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|--|---|---|----------------------|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>        | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |                      |   |   |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                      |                      |   |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>   |                      |                      |   |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                      |                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                      |                      |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   |                      |                      |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$   |   |                      |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |   |                      |                      |   |   |  |  |
| <b>Program Service Revenue</b>                                       | <b>2 a</b>  | <b>Business Code</b>                                  |                      |                      |   |   |  |  |
|  | <b>b</b>  |   |                      |                      |   |   |  |  |
|  | <b>c</b>  |   |                      |                      |   |   |  |  |
|  | <b>d</b>  |   |                      |                      |   |   |  |  |
|  | <b>e</b>  |   |                      |                      |   |   |  |  |
|  | <b>f</b> All other program service revenue  |   |                      |                      |   |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f   |   |                      |                      |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 13,063,894.          |   |   | 13,063,894.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |                      |   |   |  |  |
|  | <b>5</b> Royalties  |   |                      |                      |   |   |  |  |
|  | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |                      |   |   |  |  |
|  |   | <b>b</b> Less: rental expenses                        |                      |                      |   |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                      |                      |                      |   |   |  |  |
|  |   | <b>d</b> Net rental income or (loss)                  |                      |                      |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |                      |   |   |  |  |
|  |   | 37,033,412.   |                      |                      |   |   |  |  |
|  |   | <b>b</b> Less: cost or other basis and sales expenses |                      |                      |   |   |  |  |
|  |   | 31,321,227.   |                      |                      |   |   |  |  |
|  | <b>c</b> Gain or (loss)   |   |                      | 5,712,185.           | 5,712,185.                                      |   |  |  |
|  | <b>d</b> Net gain or (loss)   |   |                      | 5,712,185.           | 5,712,185.                                      |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |                      |   |   |  |  |
|  |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |                      |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                |   |   |                      |                      |   |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>  |   |                      |                      |   |   |  |  |
|  | <b>b</b> Less: direct expenses  | <b>b</b>  |                      |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities  |   |                      |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>  |   |                      |                      |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |   |   | <b>Business Code</b> |                      |   |   |  |  |
| <b>11 a</b> LOSS FROM INVESTMENT I                                   | 900099  |   | -462,860.            |                      | -462,860.                                       |   |  |  |
| <b>b</b>   |   |   |                      |                      |   |   |  |  |
| <b>c</b>   |   |   |                      |                      |   |   |  |  |
| <b>d</b> All other revenue   |   |   |                      |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                    |   |   | -462,860.            |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions.                           |   |   | 18,313,219.          | 5,712,185.           | -462,860.                                       |   | 13,063,894.  |  |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 1,308.                |                                 | 1,308.                                 |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>OUTSIDE SERVICES</b>   | 1,172,650.            |                                 | 1,172,650.                             |                             |
| b   |                       |                                 |  |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 1,173,958.            | 0.                              | 1,173,958.                             | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

|                             |   | (A)<br>Beginning of year  |              | (B)<br>End of year |              |
|-----------------------------|---|---|--------------|--------------------|--------------|
| Assets                      | 1   | Cash - non-interest-bearing   | 720.         | 1                  | 22,264.      |
|                             | 2   | Savings and temporary cash investments  |              | 2                  |              |
|                             | 3   | Pledges and grants receivable, net  |              | 3                  |              |
|                             | 4   | Accounts receivable, net  | 10,143.      | 4                  | 10,143.      |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |              | 5                  |              |
|                             | 6   | Receivables from other disqualified persons (as defined under section 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) |              | 6                  |              |
|                             | 7   | Notes and loans receivable, net   | 58,234,148.  | 7                  | 57,637,258.  |
|                             | 8   | Inventories for sale or use   |              | 8                  |              |
|                             | 9   | Prepaid expenses and deferred charges   |              | 9                  |              |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a          |                    |              |
|                             | b   | Less: accumulated depreciation  | 10b          | 10c                |              |
|                             | 11  | Investments - publicly traded securities  |              | 11                 |              |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 651,100,426. | 12                 | 553,391,903. |
|                             | 13  | Investments - program-related. See Part IV, line 11   |              | 13                 |              |
|                             | 14  | Intangible assets   |              | 14                 |              |
|                             | 15  | Other assets. See Part IV, line 11  |              | 15                 |              |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 709,345,437.  | 16           | 611,061,568.       |              |
| Liabilities                 | 17  | Accounts payable and accrued expenses   |              | 17                 |              |
|                             | 18  | Grants payable  |              | 18                 |              |
|                             | 19  | Deferred revenue  |              | 19                 |              |
|                             | 20  | Tax-exempt bond liabilities   |              | 20                 |              |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |              | 21                 |              |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |              | 22                 |              |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  |              | 23                 |              |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  |              | 24                 |              |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |              | 25                 |              |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 0.           | 26                 | 0.           |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |              |                    |              |
|                             | 27  | Unrestricted net assets   | 709,345,437. | 27                 | 611,061,568. |
|                             | 28  | Temporarily restricted net assets   |              | 28                 |              |
|                             | 29  | Permanently restricted net assets   |              | 29                 |              |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |              |                    |              |
|                             | 30  | Capital stock or trust principal, or current funds  |              | 30                 |              |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |              | 31                 |              |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |              | 32                 |              |
|                             | 33  | <b>Total net assets or fund balances</b>  | 709,345,437. | 33                 | 611,061,568. |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b>   | 709,345,437. | 34                 | 611,061,568. |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |               |
|---|--|---|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 18,313,219.   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,173,958.    |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 17,139,261.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 709,345,437.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | -115,423,130. |
| 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 | 611,061,568.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | 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.   |     |    |

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**CHRIS-TEX, INC.**

Employer identification number

**59-3525513**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|------------|---|---|----|--|----|---|----|-------------------------|
|                                    |            |   | Yes   | No | Yes  | No | Yes   | No |                         |
| PENSACOLA CHRISTIAN CO             | 59-0940532 | 2   | X   |    | X  |    | X   |    | 0.                      |
|                                    |            |   |   |    |  |    |   |    |                         |
|                                    |            |   |   |    |  |    |   |    |                         |
|                                    |            |   |   |    |  |    |   |    |                         |
|                                    |            |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       | <b>1</b>   |   |   |    |  |    |   |    | <b>0.</b>               |

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

Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | % |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14   | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |   |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |           |   |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <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 ▶ <input type="checkbox"/>    |           |   |
| <b>b 10% -facts-and-circumstances test - 2010.</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 ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

THE CORPORATION FILED A FORM 1128 APPLICATION TO ADOPT, CHANGE, OR RETAIN  
A TAX YEAR WITH THE INTERNAL REVENUE SERVICE IN ORDER TO CHANGE ITS YEAR  
END FROM OCTOBER 30 TO MAY 31. A COPY OF THE FORM 1128 IS ATTACHED  
HERETO.

Lined area for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

CHRIS-TEX, INC.

Employer identification number

59-3525513

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported..., 9 In Part XIV, describe how the organization reports...

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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value      | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|---------------------|--|
| (1) Financial derivatives   |                     |  |
| (2) Closely-held equity interests                                       |                     |  |
| (3) Other   |                     |  |
| (A) A BEKA SERVICES, INC.   | 134,041.            | COST   |
| (B) EDUCATION VENTURES, INC.  | -111487136.         | COST   |
| (C) CORPORATE BONDS   | 262,101,912.        | END-OF-YEAR MARKET VALUE                                     |
| (D) GOVERNMENT BONDS  | 402,643,086.        | END-OF-YEAR MARKET VALUE                                     |
| (E)   |                     |  |
| (F)   |                     |  |
| (G)   |                     |  |
| (H)   |                     |  |
| (I)   |                     |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)   | <b>553,391,903.</b> |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                    | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) |                |

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)

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |  |               |
|---|--|---------------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 18,313,219.   |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 1,173,958.    |
| 3   | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 17,139,261.   |
| 4   | Net unrealized gains (losses) on investments   | 318,667.      |
| 5   | Donated services and use of facilities   |               |
| 6   | Investment expenses  |               |
| 7   | Prior period adjustments   |               |
| 8   | Other (Describe in Part XIV.)  | -115,741,797. |
| 9   | Total adjustments (net). Add lines 4 through 8   | -115,423,130. |
| 10  | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | -98,283,869.  |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |             |
|--|---|-------------|
| 1  | Total revenue, gains, and other support per audited financial statements        | 18,631,886. |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |             |
| a  | Net unrealized gains on investments   | 318,667.    |
| b  | Donated services and use of facilities  |             |
| c  | Recoveries of prior year grants   |             |
| d  | Other (Describe in Part XIV.)   |             |
| e  | Add lines 2a through 2d   | 318,667.    |
| 3  | Subtract line 2e from line 1  | 18,313,219. |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |             |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b                |             |
| b  | Other (Describe in Part XIV.)   |             |
| c  | Add lines 4a and 4b   | 0.          |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 18,313,219. |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |    |
|---|--|----|
| 1   | Total expenses and losses per audited financial statements                       | 0. |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |
| a   | Donated services and use of facilities   |    |
| b   | Prior year adjustments   |    |
| c   | Other losses   |    |
| d   | Other (Describe in Part XIV.)  |    |
| e   | Add lines 2a through 2d  | 0. |
| 3   | Subtract line 2e from line 1   | 0. |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                 |    |
| b   | Other (Describe in Part XIV.)  |    |
| c   | Add lines 4a and 4b  | 0. |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 0. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**CORRECT BEGINNING NET ASSETS PER AUDIT (INVESTMENT IN**

**EDUCATIONAL VENTURES)**

**-115,741,797.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2011**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHRIS-TEX, INC.**

Employer identification number

**59-3525513**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1b |     | X  |
| 2  |     | X  |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|    | (A) Name       | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----|----------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|    |                | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1  | ARLIN HORTON   | (i) 0.   | (ii) 0.                             | (iii) 0.                            | 0.   | 0.                      | 0.                              | 0.  |
|    |                | (ii) 102,000.                                      | 4,250.                              | 45,484.                             | 0.   | 0.                      | 151,734.                        | 0.  |
| 2  | TROY SHOEMAKER | (i) 0.   | (ii) 0.                             | (iii) 0.                            | 0.   | 0.                      | 0.                              | 0.  |
|    |                | (ii) 82,115.                                       | 11,353.                             | 88,624.                             | 0.   | 0.                      | 182,092.                        | 0.  |
| 3  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 4  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 5  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 6  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 8  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9  |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16 |                | (i)  |                                     |                                     |  |                         |                                 |   |
|    |                | (ii)   |                                     |                                     |  |                         |                                 |   |

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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.

Name of the organization

CHRIS-TEX, INC.

Employer identification number

59-3525513

FORM 990, PART VI, SECTION A, LINE 2: ARLIN HORTON AND REBEKAH HORTON ARE  
MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 AND RELATED FINANCIAL  
REPORTS ARE GIVEN TO AND REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND  
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST  
POLICY BY NOT AWARDING CONTRACTS TO RELATED PARTIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE THE  
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC.

|  |               |
|--|---------------|
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:                              |               |
| NET UNREALIZED GAINS ON INVESTMENTS:   | 318,667.      |
| CORRECT BEGINNING NET ASSETS PER AUDIT (INVESTMENT IN<br>EDUCATIONAL VENTURES) | -115,741,797. |
| TOTAL TO FORM 990, PART XI, LINE 5   | -115,423,130. |

990, PART XI, 2C  
MANAGEMENT REVIEWS AND APPROVES THE 990 AND PROVIDES A COPY TO THE  
BOARD MEMBERS FOR REVIEW.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No                                  |
|---|-----|-------------------------------------|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |     | <input checked="" type="checkbox"/> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                |     | <input checked="" type="checkbox"/> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)                              |     | <input checked="" type="checkbox"/> |
| <b>d</b> Loans or loan guarantees to or for related organization(s)                                     |     | <input checked="" type="checkbox"/> |
| <b>e</b> Loans or loan guarantees by related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>f</b> Sale of assets to related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>g</b> Purchase of assets from related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>h</b> Exchange of assets with related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s)                     |     | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s)                   |     | <input checked="" type="checkbox"/> |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) |     | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |     | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of paid employees with related organization(s)   |     | <input checked="" type="checkbox"/> |
| <b>o</b> Reimbursement paid to related organization(s) for expenses                                     |     | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid by related organization(s) for expenses                                     |     | <input checked="" type="checkbox"/> |
| <b>q</b> Other transfer of cash or property to related organization(s)                                  |     | <input checked="" type="checkbox"/> |
| <b>r</b> Other transfer of cash or property from related organization(s)                                |     | <input checked="" type="checkbox"/> |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|--|
| (1) |                                   |                               |                        |  |
| (2) |                                   |                               |                        |  |
| (3) |                                   |                               |                        |  |
| (4) |                                   |                               |                        |  |
| (5) |                                   |                               |                        |  |
| (6) |                                   |                               |                        |  |



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

A BEKA FOUNDATION, INC.

**PRIMARY ACTIVITY: TO PROMOTE CHRISTIAN EDUCATION AND OTHER CHARITABLE AND LITERARY ACTIVITIES**

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

A BEKA SERVICES, INC.

**PRIMARY ACTIVITY: TO PROMOTE CHRISTIAN EDUCATION AND OTHER CHARITABLE AND LITERARY ACTIVITIES**

**Application To Adopt, Change, or Retain a Tax Year**

OMB No. 1545-0134

Attachment  
 Sequence No. **148**

▶ See separate instructions.

**Part I General Information**

*Important: All filers must complete Part I and sign below. See instructions.*

|               |   |  |
|---------------|---|--|
| Type or Print | Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)<br><b>Chris-Tex, Inc.</b> | Filer's identifying number<br><b>59-3525513</b>  |
|               | Number, street, and room or suite no. (if a P.O. box, see instructions)<br><b>P.O. Box 18000</b>                  | Service Center where income tax return will be filed   |
|               | City or town, state, and ZIP code<br><b>Pensacola, FL 32523-9160</b>  | Filer's area code and telephone number/Fax number<br><b>( 850 ) 478-8496 / ( 850 ) 479-6537</b>      |
|               | Name of applicant, if different than the filer (see instructions)   | Applicant's identifying number (see instructions)  |
|               | Name of person to contact (if not the applicant or filer, attach a power of attorney)<br><b>Eric A. French</b>    | Contact person's area code and telephone number/Fax number<br><b>(678) 401-8147 / (678) 669-2395</b> |

**1 Check the appropriate box(es) to indicate the type of applicant (see instructions).**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual                         | <input type="checkbox"/> Cooperative (sec. 1381(a))  | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297) |
| <input type="checkbox"/> Partnership                        | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957)   | <input type="checkbox"/> Other foreign corporation                             |
| <input type="checkbox"/> Estate                             | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization                    |
| <input checked="" type="checkbox"/> Domestic corporation    | <input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898)  | <input type="checkbox"/> Homeowners Association (sec. 528)                     |
| <input type="checkbox"/> S corporation                      | <input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E))   | <input type="checkbox"/> Other .....   |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust   | (Specify entity and applicable Code section)                                   |

**2a Approval is requested to (check one) (see instructions):**

- Adopt a tax year ending ▶ ..... (Partnerships and PSCs: Go to Part III after completing Part I.)  
 Change to a tax year ending ▶ **May 31st**  Retain a tax year ending ▶ .....

**b** If changing a tax year, indicate the date the present tax year ends. ▶ **October 31st** .....

**c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ **November 1**, 20 **11**, and ending ▶ **May 31**, 20 **12**

**3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶  Yes  No

If "No," attach an explanation.

**4** Indicate the applicant's present overall method of accounting.

- Cash receipts and disbursements method  Accrual method  
 Other method (specify) ▶ .....

**5** State the nature of the applicant's business or principal source of income.

**Endowment Fund for Pensacola Christian College, Inc.**

**Signature—All Filers (See Who Must Sign in the instructions.)**

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer\*  
*Mary East* 7/12/12  
 Signature and date  
**CFO, GARY EAST**  
 Name and title (print or type)

Preparer (other than filer)  
*Eric A. French* 7/13/12  
 Signature of individual preparing the application and date  
**Eric A. French**  
 Name of individual preparing the application

**FISHER BROYLES LLP**  
 Name of firm preparing the application

\*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.

**Part II Automatic Approval Request (see instructions)**

• Identify the revenue procedure under which this automatic approval request is filed ▶ 85-58

**Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶   | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)**

|   |                          |                          |
|---|--------------------------|--------------------------|
| 4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Is the S corporation requesting an ownership tax year? (see instructions) ▶   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶   | <input type="checkbox"/> | <input type="checkbox"/> |

**Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)**

|   |                          |                          |
|---|--------------------------|--------------------------|
| 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 10 Is the applicant a tax-exempt organization requesting a change? ▶ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|

**Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)**

**Section A—General Information**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶<br>If "Yes," see the instructions for information that must be included on an attached explanation.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶<br>If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶<br>If "Yes," attach an explanation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? ▶<br>If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.<br><input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test<br>Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.<br>Short period                    \$ .....                    First preceding year    \$ .....<br>Second preceding year    \$ .....                    Third preceding year    \$ .....<br><b>Note:</b> Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions. | <input type="checkbox"/> | <input type="checkbox"/> |



**Section C—S Corporations** (see instructions)

|    |  | Yes | No |
|----|--|-----|----|
| 19 | Enter the date of the S corporation election. ▶  |     |    |
| 20 | Is any shareholder applying for a corresponding change in tax year? . . . . . ▶<br>If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.   |     |    |
| 21 | If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.<br><input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____ )<br><input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))   |     |    |
| 22 | Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period. |     |    |

**Section D—Partnerships** (see instructions)

|    |  | Yes | No |
|----|--|-----|----|
| 23 | Enter the date the partnership's business began. ▶   |     |    |
| 24 | Is any partner applying for a corresponding change in tax year? . . . . . ▶  |     |    |
| 25 | Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.   |     |    |
| 26 | Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? . . . . . ▶<br>If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.       |     |    |
| 27 | If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.<br><input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____ )<br><input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy)) |     |    |

**Section E—Controlled Foreign Corporations (CFC)**

|    |  |  |  |
|----|--|--|--|
| 28 | Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period. |  |  |
|----|--|--|--|

**Section F—Tax-Exempt Organizations**

|    |   | Yes | No |
|----|---|-----|----|
| 29 | Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶  |     |    |
| 30 | Date of organization. ▶   |     |    |
| 31 | Code section under which the organization is exempt. ▶  |     |    |
| 32 | Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶  |     |    |
| 33 | Enter the date the tax exemption was granted. ▶..... Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation. |     |    |
| 34 | If the organization is a private foundation, is the foundation terminating its status under section 507? . . ▶  |     |    |

**Section G—Estates**

|     |  |  |  |
|-----|--|--|--|
| 35  | Enter the date the estate was created. ▶   |  |  |
| 36a | Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate.  |  |  |
| b   | Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period. |  |  |

**Section H—Passive Foreign Investment Companies**

|    |   |  |  |
|----|---|--|--|
| 37 | If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned. |  |  |
|----|---|--|--|

## Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date / /

**Part I Power of Attorney**

**Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

|  |   |                          |                             |
|--|---|--------------------------|-----------------------------|
| Taxpayer name and address<br>Chris-Tex, Inc.<br>P.O. Box 18000<br>Pensacola, FL 32523-9160 | Taxpayer identification number(s)<br><p style="text-align: center;">59-3525513</p>  |                          |                             |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Daytime telephone number</td> <td style="width: 50%;">Plan number (if applicable)</td> </tr> </table> | Daytime telephone number | Plan number (if applicable) |
| Daytime telephone number   | Plan number (if applicable)   |                          |                             |

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

|   |  |
|---|--|
| Name and address<br>Eric French, FisherBroyles LLP<br>1200 Abernathy Rd, Northpark Town Center<br>Building 600, Suite 1700<br>Atlanta, GA 30328 | CAF No. <u>6506-30117R</u><br>PTIN _____<br>Telephone No. <u>678-401-8147</u><br>Fax No. <u>678-669-2395</u>           |
| Check if to be sent notices and communications <input checked="" type="checkbox"/>  | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address  | CAF No. _____<br>PTIN _____<br>Telephone No. _____<br>Fax No. _____  |
| Check if to be sent notices and communications <input type="checkbox"/>   | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address  | CAF No. _____<br>PTIN _____<br>Telephone No. _____<br>Fax No. _____  |
|   | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see instructions for line 3) |
|---|--|--|
| Income Tax  | Form 1128 and 1120                                     | 2011 & 2012  |
|   |  |  |
|   |  |  |

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties;  Substitute or add representative(s);  Signing a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

(see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).


List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here  **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

|  |  |  |
|--|--|--|
| <br>Signature | 7/27/12<br>Date  | Title (if applicable)  |
| Gary East  | Print Name   | Chris-Tex, Inc.<br>Print name of taxpayer from line 1 if other than individual |
| Print Name   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>PIN Number | Print name of taxpayer from line 1 if other than individual                    |

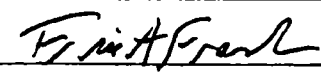
**Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

| Designation—<br>Insert above<br>letter (a-r) | Licensing jurisdiction<br>(state) or other<br>licensing authority<br>(if applicable) | Bar, license, certification,<br>registration, or enrollment<br>number (if applicable).<br>See instructions for Part II for<br>more information. | Signature  | Date    |
|--|--|---|--|---------|
| a  | Georgia  | 736521  |  | 7/30/12 |
|  |  |   |  |         |
|  |  |   |  |         |