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# Form **990**

SCANNED FEB 2 3 2013

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	= 2011 calendar year, or tax year beginning $JUL 1, 2011$ and	ending (	<u>JUN 30, 2012</u>						
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addre chang	CHRISTIAN HERITAGE SCHOOLS ASSOC. INC								
	Name chang			87-0	493635					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r					
	Termii ated	P.O. BOX 3025		801-	393-4475					
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	489089.					
	_Applic	OGDEN, UI 04403		H(a) Is this a group re	eturn					
	pendir	Yes X No								
	5120 S 1050 W, RIVERDALE, UT 84405 H(b) Are all affiliates include									
<u></u>	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)					
		e: ▶ N/A		H(c) Group exemptio						
	orm of	organization: X Corporation	L Year	of formation: 1992	M State of legal domicile: UT					
	~~~	Briefly describe the organization's mission or most significant activities CHRI	STIAN	HERITAGE SC	HOOL EXISTS					
Activities & Governance	-	TO PROVIDE A DISTINCTLY BIBLICAL, CHRIST			PARTNERSHIP					
fa	2	Check this box   if the organization discontinued its operations or dispo								
OVe		Number of voting members of the governing body (Part VI, line 1a)		3	3					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3					
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	30					
Ϋ́	6	Total number of volunteers (estimate if necessary)		. 6	2					
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Year	Current Year					
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		71784.	54746.					
ē	9	Program service revenue (Part VIII, line 2g)		705701.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8070.	0.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		377416.	434343.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1162971.	489089.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		924231.	35750.					
Expenses	16a	Professional fundraising fees (Part IX, column (A) line 11e)		0.	0.					
Exp	b	Total fundraising expenses (Part IX, column (D), line 25	<u> </u>	E70E71	407140					
	17	Other expenses (Part IX, column (A), lines 11a-1/1d, 111-24e)	¬· ⊢	<u>578571.</u>	497140.					
	18	Total expenses. Add lines 13-17 (must equal Partix), column (A), line 25.	/ ⊢	1502802. -339831.	532890. -43801.					
- S	19	Revenue less expenses. Subtract line 18 from line 12 1 7 7 3 2010	,		<del></del>					
ancia	20	Total accests (Part V. line 16)	De	eginning of Current Year 5106253.	End of Year 4983824.					
ASS	20 21	Total liabilities (Part X line 26)		3812138.	3733510.					
Net Assets or Fund Balances	22	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) CF (CF) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 F (D) Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-	1294115.	1250314.					
	art II	Signature Block		12741101	12303141					
		Ities of perjury, I declare that I have examined this retarn, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is					
		t, and complete Degration of preparer (wher than officer) is based on all information of wi			,					
		John alle.		02-11	- 2013					
Sigi	n	Signature of officer		Date						
Her	е	JEFF CATURIA, BOARD CHAIRPERSON								
		Type or print name and title	1							
		Print/Type preparer's sygnature / Preparer's sygnature	Van 1	Date Check	PTIN					
Paid	ı	Jeff Ambrose Sprey CM	vose	2-8-13 self-employ	ed P00016351					
	arer	Firm's name		Firm's EIN						
Use	Only	Firm's address								
				Phone no.	<del></del>					
<u>May</u>	the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No					
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2011)					

	irt III   Statement of Program Service Accomplishments	ige ∠
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	<u> </u>
•	THE SCHOOL EXISTS TO PROVIDE A DISTINCTLY BIBLICAL, CHRISTIAN	
	EDUCATION IN PARTNERSHIP WITH FAMILIES AND LOCAL CHURCHES. THE	
	SCHOOL'S GOAL IS TO EQUIP AND NURTURE STUDENTS TO FULFILL THEIR	
	SPIRITUAL, ACADEMIC, SOCIAL, ARTISTIC AND PHYSICAL GIFTS TO POSITIVELY	Υ
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	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	450500	3.)
	OPERATION OF A CHRISTIAN SCHOOL.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code) (Expenses \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ► 453530.	
	Form <b>990</b> (2	(110)

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19

20a

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	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	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			v
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	_ [		v
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	
	testor si i sum soo more dro reguirou le complete collegule c	Form 9		2011)
			14	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l		
	filed for the calendar year ending with or within the year covered by this return	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		<u>5a</u>		X
b	, , , , , , , , , , , , , , , , , , ,	. <u>5b</u>		_X
С		<u>5c</u>		
6a	3			
	any contributions that were not tax deductible?	<u>6a</u>	ļ	X
b				
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.7
а			<b>_</b>	X
b		7b		
С				37
	to file Form 8282?	<u>7c</u>	<del> </del>	X
d	,	— <b>,</b>		
e	S The state of the	7 <u>e</u>	<del> </del>	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<u> </u>	
g h			<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	o, <u>m</u>		
Ŭ	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	? 8		
9	Sponsoring organizations maintaining donor advised funds.	·   •		
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1		
а				
b				
11	Section 501(c)(12) organizations. Enter:		'	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	
		Form	990 (	2011)

132005 01-23-12 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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3								
	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 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			į					
	ın Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
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								
<u>C</u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an experiment to make the Forms 1003 (or 1004 femplosible), 200, and 200 T (Section 501(a)/3)s public	l-1	la.						
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) a	valiab	i <del>U</del>						
	for public inspection. Indicate how you made these available. Check all that apply								
40	Own website X Another's website X Upon request	16	oue!						
19									
	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 organizar CHRICATAN HERITAGE SCHOOL - 901-303-4475	ION. 🏴							
	CHRISTIAN HERITAGE SCHOOL - 801-393-4475 5120 SOUTH 1050 WEST, RIVERDALE, UT 84405	<del></del> -							
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01-23-	12	1 01111	220	~UII)					

### 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

#### 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.

<b>(A)</b> Name and Title	(B) Average hours per week	(do not check m box, unless pers officer and a dire			sition more than one erson is both an			ed any current officer, of (D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JEFF CATURIA											
BOARD PRESIDENT	5.00	X						0.	0.	0	
(2) WAYNE MUMBOWER											
BOARD VICE-PRESIDENT	5.00	X			_	ļ		0.	0.	0	
(3) CHRISTOPHER TRACY		l									
BOARD SECRETARY	5.00	X						0.	0.	0 .	
			-								
										<del></del>	
				-							
							·				

132008 01-23-12

	T VII	. Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		į			
A,	C	Fundraising events	1c		į			
	d	Related organizations	1d					
Sig,		Government grants (contribut						
e ti	f	All other contributions, gifts, gran	ts, and					
듗		similar amounts not included abo	ve <b>1f</b>	54746.				
<u>a</u>	_	Noncash contributions included in lines	1a-1f \$					
<u>2 g</u>	<u> </u>	Total. Add lines 1a-1f		<del></del>	54746.			
				Business Code				
je	2 a						<del>.</del>	<u> </u>
le e	b			<del></del>	<del></del>			<del> </del>
E G	C			<del> </del>				
Ra	d							
Program Service Revenue	e	All All						<del> </del>
_		All other program service reve	nue .					
$\rightarrow$		Total, Add lines 2a-2f	duudanda inter	act and			<del> </del>	<u> </u>
	3	Investment income (including	aividerias, inter	est, and				
	4	other similar amounts) Income from investment of tax	v ovomat bond	araaaada 📘				
	5	Royalties	x-exempt bond	broceeds				
	5	noyalies	(i) Real	(II) Personal				
ı	6 a	Gross rents	429293	<del></del>				
		Less rental expenses	0.					
		Rental income or (loss)	429293					
		Net rental income or (loss)	123233	<u> </u>	429293.	429293.		
		Gross amount from sales of	(i) Securities	(II) Other				<u> </u>
		assets other than inventory	- Wasselines	(7) 5 11.5				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
ľ	d	Net gain or (loss)		<b>&gt;</b>				
a	8 a	Gross income from fundraising	g events (not					
Ž		including \$	of					
Other Revenue		contributions reported on line	1c). See					
<u>ا</u> ا		Part IV, line 18	а					
≢਼	b	Less: direct expenses	b					
٦,	С	Net income or (loss) from fund	fraising events	<b></b>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а	ļ				
			b					
		` '	-	<b>&gt;</b>				ļ
	10 a	Gross sales of inventory, less	returns			1		
		and allowances	а					
		Less cost of goods sold	b	L				
L	С	Net income or (loss) from sale		· · · · · ·		-		ļ
L		Miscellaneous Revenu	е	Business Code	5050	5050		
	11 a	OTHER INCOME	<del></del>	900099	5050.	5050.		<b>_</b>
	b	<del></del>						
	C							<del> </del>
	d	All other revenue	•		5050			<del> </del>
	е	Total. Add lines 11a-11d  Total revenue. See instructions.		<b>₽</b>	5050. 489089.	434343.	0.	0.
	12							

### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				<del></del>
3	Grants and other assistance to governments,	·			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			<del></del>	·- <del></del>
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	35750.		35750.	
8	Pension plan accruals and contributions (include	ļ		j	
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroli taxes				
11	Fees for services (non-employees):				
	Management _			5000	
	Legal	6338.		6338.	
C	Accounting	7438.		7438.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4442		4442	
13	Office expenses	1113.		1113.	
14	Information technology	2713.		2713.	
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	040411	040411		
20	Interest	242411.	242411.		
21	Payments to affiliates	170403	150403		<del></del>
22	Depreciation, depletion, and amortization	178403.	178403.	11004	
23	Insurance	11074.		11074.	
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 0.)				
а	UTILITIES	27574.	27574.		
b	EQUIPMENT MAINTENANCE	13263.		13263.	•
c	LOAN FEES	5142.	5142.		· -
d	TELEPHONE	875.		875.	
	All other expenses See Sch O	796.		796.	-
	Total functional expenses. Add lines 1 through 24e	532890.	453530.	79360.	0
<u> 26</u>	Joint costs. 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)				

		•		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		983.	1	59799
	2	Savings and temporary cash investments .	31.	2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, d	ırectors, trustees, key			
		employees, and highest compensated employe	es. 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	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru			6	
233613	7	Notes and loans receivable, net	, , ,	<u>-</u>	7	
ĝ	8	Inventories for sale or use	_		8	
•	9	Prepaid expenses and deferred charges		2314.	9	4645
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 7383602.			
	ь	Less: accumulated depreciation	10b 2469793.	5092212.	10c	4913809
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	<del></del>	
	15	Other assets. See Part IV, line 11		10713.	15	5571
	16	Total assets. Add lines 1 through 15 (must equ	5106253.	16	4983824	
	17	Accounts payable and accrued expenses	7303.	17	5175	
	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, directo	Г			
		highest compensated employees, and disqualif	ied persons. Complete Part II			
i .		of Schedule L			22	132000
	23	Secured mortgages and notes payable to unrel	ated third parties	3552547.	23	3507579
	24	Unsecured notes and loans payable to unrelate	· ·		24	
	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D	·	252288.	25	88756
	26	Total liabilities. Add lines 17 through 25		3812138.	26	3733510
		Organizations that follow SFAS 117, check h	ere ▶ X and complete			
?		lines 27 through 29, and lines 33 and 34.				
Sand Daily Sand Daily Sand	27	Unrestricted net assets		1294115.	27	1250314
	28	Temporarily restricted net assets	[		28	•
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, c	heck here   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 ed	` ·		31	
	32	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·	-	32	
	33	Total net assets or fund balances	,	1294115.	33	1250314
		Total liabilities and not assets found belonger	· •	5106253	24	1003031

4983824. Form **990** (2011)

Total liabilities and net assets/fund balances

5106253.

_		<u>87-049363</u>	<u>5</u> r	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	489	089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	532	890.
3	Revenue less expenses Subtract line 2 from line 1	3	-43	801.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	294	115.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0.
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 1	250	314.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a	x
b	Were the organization's financial statements audited by an independent accountant?	2	ь Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	ıudıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of	on a		
	separate basis, consolidated basis, or both:			1
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit		
	Act and OMB Circular A-133?	3	a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3	ь	

Form **990** (2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No 1545-0047

Name of the organization

**Employer identification number** 

	·		AN HERITAGE						8	<u> -0493</u>	<u>635</u>	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st complet	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	rches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2 X			<b>70(b)(1)(A)(ii).</b> (Attach Sc					•				
з 🔲			rtal service organization			170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter tl	ne hospital	's nam	10.
	city, and stat							(-)( -)(- )(··	,.			,
5 🗀	•		benefit of a college or u	niversity o	wned or or	nerated by	a governi	mental uni	t describe	ed in		
•	=	(b)(1)(A)(iv). (Compl		involuty o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a goron	mornar am	. 4000			
6 🗆			nent or governmental uni	ıt doooribo	d 10	- 470/LV	43/A3/3					
7		_	<del>-</del>					er from the	conoral n	ublio dooo	abod i	_
,	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)											
• 🗀	_		•	(Complete	Dort II \							
8 🖳	-		section 170(b)(1)(A)(vi).		-					al a	! - 4 -	<b>.</b>
9	_		ceives. (1) more than 33							_	-	
			nctions - subject to certa							_		
			axable income (less sec	tion 511 ta	x) trom bu	sinesses a	acquirea o	y the orga	inization a	mer June 3	10, 197	5
		509(a)(2). (Complete										
10	_	-	perated exclusively to te		•			•			_	
11	•	•	perated exclusively for the									or
	-		ations described in secti		•		2) See sec	ction 509(	a)(3). Che	ck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I		• •		e III - Func	•	J		d	Type III - 0		
e 📖	-	•	at the organization is not		-	-	•		•			ın
			than one or more publict	-	_				9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	ə III				
	supporting of	rganızatıon, check tl	his box .								••	L
g	Since August	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?			,
	(i) A perso	n who directly or inc	firectly controls, either al	lone or tog	ether with	persons o	lescribed i	in (ıï) and (	III) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?	?						11g(ii)		<u> </u>
	(iii) A 35% d	controlled entity of a	a person described in (i) (	or (II) above	∍?					11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) ls	the	(vii) An	nount o	 of
• •	anization	(,	organization (described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	on in coi.   ed in the		port	•
·			above or IRC section	governing	document?	(i) of you	r support?	U.S	.7	•	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	i					_	1					
										·		
										<del> </del>		
				†			<b> </b>	<b>†</b>	<del>                                     </del>	<del> </del>		
									1			
			· · · · · · · · · · · · · · · · · · ·	1					<del>                                     </del>			
									[			
				<del> </del>	ļ		<del> </del>	<del> </del>	+	<del></del> -		
Tatal								-				
Total	·		L.		<u> </u>		<u> </u>	<u> </u>				0011
LHA For P	aperwork Re	auction Act Notice	, see the Instructions f	or				Schedul	e A (Form	1 990 or 99	N-EZ)	2011

132021 01-24-12

Form 990 or 990-EZ.

## 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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")		Į.				
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3						
5	The portion of total contributions		1			,	
	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,				1		
	column (f)						
	Public support. Subtract line 5 from line 4			L	<u> </u>	<u> </u>	
Sec	ction B. Total Support				γ <del>-</del> · · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,					ì	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources .				ļ		
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on	<del></del>					
10	Other income. Do not include gain						
	or loss from the sale of capital	!					
	assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·					
11	Total support. Add lines 7 through 10			<u></u>		<u> </u>	<u> </u>
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	<b>-</b>	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. $\square$
50/	organization, check this box and stop ction C. Computation of Publi		rcentage			· · ·	
-	· · · · · · · · · · · · · · · · · · ·	<del></del>					
	Public support percentage for 2011 (I		•	column (1))		14	<u>%</u>
	Public support percentage from 2010 33 1/3% support test - 2011. If the control of the control o		•	on line 12, and line	14 to 22 1/204 or r	15	<u>%</u>
IVa	stop here. The organization qualifies	•		•	14 15 33 17376 01 1	nore, check this be	x and ⊾□
h	33 1/3% support test - 2010. If the o	. , , , ,	•		Llina 15 ie 33 1/3%	 6 or more check th	nie boy
	and stop here. The organization quali	-			11110 13 13 33 1737	o or more, check to	II3 DOX ►
17a	10% -facts-and-circumstances test	•			e 13. 16a or 16b :	and line 14 is 10%	or more
. , a	and if the organization meets the "fac	-	•				•
	meets the "facts-and-circumstances"			•	•	non the organ	<b>&gt;</b>
ь	10% -facts-and-circumstances test	•	•			17a, and line 15 is	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		·		•		<b>▶</b> □
18	Private foundation. If the organization		<u> </u>	•			s T
<u> </u>	- The second sec			_,, ,, a, o, 111			or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 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

Se	ction A. Public Support	siow, piease com	ipiete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	T	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not							
	ınclude any "unusual grants ")					<u>.                                    </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities			<del></del>	<del> </del>	+	···	
J	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	<u> </u>				ļ <u>.</u>		
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons					<u> </u>		<del></del>
t	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							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6) ction B. Total Support					<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010		(e) 2011	(f) Total
9	Amounts from line 6					<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	: Add lines 10a and 10b					<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12)					<u>L</u>		
14	First five years. If the Form 990 is for	the organization'	's first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501	(c)(3) organiz	zation,
	check this box and stop here					•		
	ction C. Computation of Publi			- <del></del>				<del></del>
	Public support percentage for 2011 (lii	. ,,	•	column (f))		15		<u>%</u>
	Public support percentage from 2010					16		%
	ction D. Computation of Inves					T		
17	Investment income percentage for 20	•	•	ne 13, column (f))		17		<u>%</u>
	Investment income percentage from 2				. d C	18	004	<u>%</u>
198	33 1/3% support tests - 2011. If the common than 33 1/3%, sheek this box an	•						i / is not ⊾
<b>L</b>	more than 33 1/3%, check this box an 33 1/3% support tests - 2010. If the	-	_					and .
0	line 18 is not more than 33 1/3%, chec							
20	Private foundation. If the organization		-					
-	3 01-24-12							0 or 990-EZ) 2011

### **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.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	CHRISTIAN HERITAGE	SCHOOLS ASSOC. INC	87-0493635
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<del>-</del>
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 and donor advisors in	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Pai		anization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organization	-	
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	· · ·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	· ·	•
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	rodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ing the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial g	jain, provide
	the following amounts required to be reported under SFAS 1 $$	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X	• • •	<b>&gt;</b> \$

Sche	dule D (Form 990) 2011 CHRISTI.	AN HERITAG	E SC	HOOLS	ASSOC.	INC	87-	049363	5 Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	r Other	Similar As	sets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following that	t are a sigi	nificant use of	its collection	n items
	(check all that apply):								
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ams			
b	Scholarly research	•	• <b></b>	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	in how th	ney further t	he organizatio	on's exem <sub>l</sub>	ot purpose in	Part XIV.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	"Yes" to Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	•		•					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table <sup>.</sup>					
			_					Amoun	t
С	Beginning balance					_	1c		
d	Additions during the year			•			1d		
	Distributions during the year						1e		
f	Ending balance	·					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217					Yes	No
	If "Yes," explain the arrangement in Part XIV	, ,							
Par		f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10.			
-	•	(a) Current year	T	rior year			) Three years b	ack (e) Four	years back
1a	Beginning of year balance					1			
b	Contributions								
c	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curi	rent vear end baland	ce (line 1	a. column (a	a)) held as:			<del></del>	
a	Board designated or quasi-endowment		%	<b>3</b> , (-	-,,				
b	Permanent endowment	%							
	Temporarily restricted endowment	" %							
•	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	red for the	organization		
	by.	<b>-</b>					· ·		Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations		•					3a(ii)	
ь	If "Yes" to 3a(II), are the related organizations	s listed as required of	on Sched	dule R?				3b	
4	Describe in Part XIV the intended uses of the						•		
	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		1	or other	(c) Acc	umulated	(d) Boo	k value
	- cook process,	basis (investi			(other)		eciation	` `	
1a	Land				77233.			2	77233.
	Buildings				73026.	2	145788.		27238.
c	Leasehold improvements	····	_		62336.	<del></del> .	59428.		02908.
d	Equipment				71007.		264577.	T	6430.
	Other			_				<u> </u>	<del></del>
_	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Parl	X. colur	nn (B), line	10(c).)			49	13809.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 CHRISTIAN HERITAGE SCHOOL		NC .		93635 Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Fina	incial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		489089.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		532890.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<b>-43801.</b>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)	•	8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines	 3 and 9	10		-43801.
	t XII Reconciliation of Revenue per Audited Financial Stat			Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	489089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		•	_ 403003.
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		-	
	Recoveries of prior year grants	"		$\dashv$ $\mid$	
C		2c		$\dashv$ $\mid$	
d	Other (Describe in Part XIV.)	2d		$\dashv$ $\square$	^
е	Add lines 2a through 2d			2e	<u>0.</u> 489089.
3	Subtract line 2e from line 1	•		3	489089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b>-</b>	
b	Other (Describe in Part XIV.)	4b		-	_
C	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	489089.
Pai	t XIII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	oenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	<u>532890.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		1 1	
а	Donated services and use of facilities	2a		<b>⊣</b>	
b	Prior year adjustments	2b		<b>⊣</b>	
С	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d		<b>」</b> │	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3_	532890.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1°				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)		5	532890.
Par	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	Part III lines 1a and 4	Part IV lines	1h and 2h: F	Part V line 4: Part
^, III I	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part to p	rovide any a	dallional info	mation.
	***************************************				
		<del>,</del>			
-					<del>,</del>

### **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Schools** 

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

CHRISTIAN HERITAGE SCHOOLS ASSOC. INC

Employer identification number 87-0493635

Га	RU ]		\ <u>\</u>	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
_	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	_	٦,	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	ļ		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	3	x	
	If you need more space, use Part II	3	<u> </u>	<del>                                     </del>
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b		4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
Ť	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
_	If you answered "No" to any of the above, please explain If you need more space, use Part II.			
			ŀ	
_	Don't be a second a decomposite by the second and the second as the seco			
5	Does the organization discriminate by race in any way with respect to:			X
	Students' rights or privileges?	5a		X
	Admissions policies?	_5b_		X
C		5c		X
a	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
	Use of facilities?	5f		X
g		5g		X
n	Other extracurricular activities?	5h		_
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
				İ
٥.	Does the comment of t	0-		х
	Does the organization receive any financial aid or assistance from a governmental agency?	6a_	<del>                                     </del>	X
D	Has the organization's right to such aid ever been revoked or suspended?	6b	<del>                                     </del>	^
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		Ì	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	_	x	
_	Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	1.	<u> </u>	<u> </u>

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

Schedule E (Form 990 or 990-EZ) (2011)

Part II	Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,
	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.
•	
<del></del>	

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

CHR	ISTIAN	HERIT	AGE SCHOOLS	ASSOC. INC		8	7-04	9363	5	
Part I Excess Benefit	Transacti	ons (sectio	on 501(c)(3) and section	n 501(c)(4) organization	ns only).					
Complete if the organ	nization ansv	vered "Yes"	on Form 990, Part IV, I	line 25a or 25b, or Forr	n 990-E	Z, Part	V, line 40	)b		
1 (a) Name of disc	unalified new	200		(b) Description o	f transa	otion			(c) Corr	ected?
(a) Name of disc	tualilleu per			(b) Description o	ı ırarısa	Cuon			Yes	No
								<del></del>		
							<del></del>	· <del>····</del> ·		
<ul><li>2 Enter the amount of tax imposection 4958</li><li>3 Enter the amount of tax, if any</li></ul>					year un	der	<b>▶</b> \$ <b>▶</b> \$			
Part II Loans to and/or	From Int	erested F	Persons.		· · · ·		· ·			
				line 26. or Form 990-E2	Z. Part V	/. line 38	Ba.			
Complete if the organization answered  (a) Name of interested person and purpose the organization  To Fr		o or from	(c) Original principal amount	(d) Balance due	(e)	In ault?	(f) App by bo	oroved ard or outtee?	(g) W agreer	
		From			Yes	No	Yes	No	Yes	No
HRISTOPHER TRACY X			100000.	100000.		X	Х		X	
BRIAN BALLARD - T X			32000.	32000.		Х	X	ļ	Х	
		<del> </del>								
			_				ļ			
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								<del>                                     </del>		
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otal			▶ \$	132000.		1				
	ance Ber	nefiting Ir	nterested Persons	S.						
Complete if the organ	ization ansv	vered "Yes"	on Form 990, Part IV, I	line 27.						
(a) Name of interested p	erson		(b) Relationship between the organic	en interested person a ganization	and			ount an assistan	d type of	ť
				<del></del>						
						_				
<del></del>						_				
			<del> </del>			+				

See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involv  Complete if the organization answered	nng merested Fei				<u> 8635</u>	_
			28b. or 28c.			
(a) Name of interested person	(b) Relationship between	en interested	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
	<u> </u>				ļ	ļ
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Part V Supplemental Information						
Complete this part to provide additional	al information for respon:	ses to question	ns on Schedule L (se	ee instructions).		
<u>Schedule L, Part II, Loans</u>	To and From	<u>Intere</u>	sted Perso	ns:		
a) Name of Person: CHRIST	OPHER TRACY	<del> </del>	·			
(a) Purpose of Loan:						
a) ruipose or hoan:						
TO INCREASE CASH RESERVES	FOR MORTGAGE	RESERV	E REQUIREM	IENTS		
/a\ Name of Domgon, BRIAN	DALLADD					
(a) Name of Person: BRIAN	BALLARD			<del></del>		
(a) Purpose of Loan:						
THE THE PROPERTY OF CHARLES OF CHARLES						
O INCREASE CASE RESERVES	FOR MORTGAGE	RESERV	E REQUIREM	ENTS		
TO INCREASE CASH RESERVES	FOR MORTGAGE	RESERV	E REQUIREM	IENTS		
TO INCREASE CASH RESERVES	FOR MORTGAGE	RESERV	E REQUIREM	IENTS		
O INCREASE CASH RESERVES	FOR MORTGAGE	C RESERV	E REQUIREM	IENTS		
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number CHRISTIAN HERITAGE SCHOOLS ASSOC. INC 87-0493635 Form 990, Part I, Line 1, Description of Organization Mission: WITH FAMILIES AND LOCAL CHURCHES. OUR GOAL IS TO EQUIP AND NURTURE STUDENTS TO FULFULL THEIR SPIRITUAL, ACADEMIC, SOCIAL, ARTISTIC AND PHYSICAL GIFTS TO POSITIVELY IMPACT THE WORLD FOR JESUS CHRIST. FORM 990, PART IV, LINE 13 **DISCONTINUED OPERATIONS:** THE SCHOOL'S BOARD OF DIRECTORS DECIDED NOT TO OPERATE THE SCHOOL FOR THE 12-13 SCHOOL YEAR. Form 990, Part III, Line 1, Description of Organization Mission: IMPACT THE WORLD FOR JESUS CHRIST. Form 990, Part VI, Section B, line 11: MANAGEMENT AND A REPRESENTATIVE OF THE GOVERNING BOARD RECEIVE A DRAFT COPY OF THE 990 AND RELATED SCHEDULES TO REVIEW BEFORE THE RETURN IS FINALIZED AND SUBMITTED TO IRS. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION IS IN THE PROCESS OF CREATING A CONFLICT OF INTEREST POLICY. Form 990, Part IX, Line 24e, All Other Functional Expenses: BANK FEES/CREDIT CARD FEES: Program service expenses 0. Management and general expenses 796. <u>Fundraising expenses</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

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Schedule (	O (Form 990	or 990-EZ) (2011)							_				Page 2
Name of th	ne organizati •	on CHRIST	[AN	HERI'	rage ;	SCHOO!	LS A	ssoc.	INC		Employer i 87 – 0	dentification	
Total	expen	ses											796.
Total	Other	Expenses	on	Form	990.	Part	TX.	line	24e.	Co1	A		796.
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