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Form **990**

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 private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	2014 ca	lendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015				
ВС	heck if a	applicable	C Name of organization MANHATTAN CHRISTIAN SCHOOL		D Emplo	yer iden	tification number
Га	ddress cl	hange			81-02	252165	
Γ_{N}	ame cha	ange	Doing business as		-		
┌ Ir	ıtıal retu	ım					
Fi	nal		Number and street (or P O box if mail is not delivered to street address) Room/suite	;	_ E Lelepho	one numb	er
☐ re	turn/ter	mınated	8000 CHURCHILL ROAD		(406)	282-72	261
ПА	mended	return	City or town, state or province, country, and ZIP or foreign postal code				
$\Gamma_{A_{I}}$	plicatio	n pending	MANHATTAN, MT 59741		G Gross r	eceipts \$	3,539,762
			F Name and address of principal officer	H(a) Is t	 :his a group	return 1	or
			KERI VENEMA		ordinates?		「 Yes ▽ No
			8000 CHURCHILL ROAD MANHATTAN,MT 59741				
					: all subordı luded?	nates	⊤Yes ∨ No
ī	ax-exen	npt status	5			a list (see instructions)
	Veheit	 \\/\	WW MANHATTANCHRISTIAN ORG	•			
				H(c) Gr	oup exempt	ion num	ber ►
			n 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of	formation 19	07 M 9	State of legal domicile M
P	art I	Sun	nmary				
			describe the organization's mission or most significant activities				
		Educati	on - private school grades preschool through twelfth				
Š							
Ē							
<u>ş</u>	2	Check t	this box 🚩 if the organization discontinued its operations or disposed of	more than	25% of its	net ass	ets
Activities & Governance							
26			r of voting members of the governing body (Part VI, line 1a)			3	Ç
ES .			r of independent voting members of the governing body (Part VI, line 1b)			4	<u> </u>
Ξ	5	Total nu	umber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	113
ខ្			umber of volunteers (estimate if necessary)			6	
	1		nrelated business revenue from Part VIII, column (C), line 12			7a	(
	b	Net unr	elated business taxable income from Form 990-T, line 34	1		7b	
				Pr	ior Year		Current Year
a,	8		ributions and grants (Part VIII, line 1h)		474,		784,756
Revenue	9	9 Program service revenue (Part VIII, line 2g)				964	1,852,436
Ž	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					588	626
ш.	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		414,	729	435,186
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,527,	172	3,073,004
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)		<u>, , , , , , , , , , , , , , , , , , , </u>		
	14		fits paid to or for members (Part IX, column (A), line 4)				
	15		ries, other compensation, employee benefits (Part IX, column (A), lines				
8	-	5-10			1,941,	178	2,012,012
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				0
Š	Ь	Total f	fundraising expenses (Part IX, column (D), line 25) F ^{76,676}				
ш	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		676,	524	770,688
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,617,	- 	2,782,700
	19		nue less expenses Subtract line 18 from line 12		-90,		290,304
- 07 3r Av		11010	inde less expenses subduce line to non-line 12		ng of Curre	-	
8 8 €					Year		End of Year
3,48	20	Total	assets (Part X, line 16)		6,962,	405	6,702,787
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)		802,	195	252,273
žZ	22	Neta	ssets or fund balances Subtract line 21 from line 20	6,160,	210	6,450,514	
Pa	rt II	Sigi	nature Block				
my l	knowle	dge and	f perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other tha knowledge				
			***	I	2016 07 14		
Sig	n	IB	*** nature of officer		2016-07-14 Date		
Hei		1'.	RI VENEMA Treasurer				
			e or print name and title				
			Print/Type preparer's name Preparer's signature Date	e C	heck I if	PTIN	
Pai	id		Rosalie Barndt Rosalie Barndt	Se	elf-employed	P013667	'17
	pare		Firm's name Holmes & Turner	F	ım's EIN 🕨		
	e On		Firm's address ► 1283 N 14th Avenue Ste 201	P	hone no (406	5) 587-420	55
<u> </u>	- UII		Bozeman, MT 59715				

∀Yes **No**

Part IV Checklist of Required Schedule
--

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part I^{\bullet}	6		No
7	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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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			
L	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i>	28a		No
В	complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pal	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	36		
Ī	The state of sp, and the organization merchine occurrence of the state	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7a		NI a
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	/a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			NI -
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No
9a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
0	Section 501(c)(7) organizations. Enter			110
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b	. !	

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

Check if Schedule O contains a response	or note to any line in this Part VI					.▽

Se	ction A. Governing Body and Management							
					Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	9					
	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							
b	b Enter the number of voting members included in line 1a, above, who are independent							
2	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?							
3								
4	Did the organization make any significant changes to its governing documents since filed?	orior Form 990 was	4		Νo			
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No		
6	Did the organization have members or stockholders?			6	Yes			
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b	Yes			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the					
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No		
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	even	ue Cod	e.)		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo		
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes			
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes			
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes			
13	Did the organization have a written whistleblower policy?			13	Yes			
14	Did the organization have a written document retention and destruction policy? .			14	Yes			
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the							
а	The organization's CEO, Executive Director, or top management official			15a	Yes			
b	Other officers or key employees of the organization \ldots . \ldots . \ldots .			15b		Νo		
	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 of taxable entity during the year?	orsim	ıllar arrangement with a	16a		Νo		
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b				

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►JANELLE GUSTAFSON
 - 8000 CHURCHILL ROAD

MANHATTAN, MT 59741 (406) 282-7261

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	c v, office Highest compensated	ess er :)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CARLY BELLACH Trustee	1 00	Х						0	0	0
(2) JEFF DYKSTERHOUSE Trustee	2 00	Х						0	0	0
(3) MIKE KASSITY Trustee	1 00	Х						0	0	0
(4) JAY VISSER Trustee	1 00	Х						0	0	0
(5) JASON KIMM President	1 00	Х		х				0	0	0
(6) SHARI LEE KROON Secretary	1 00	Х		х				0	0	0
(7) DARIN VELTKAMP Trustee	1 00	Х						0	0	0
(8) NICK VENHUIZEN Vice - all	1 00	Х		х				0	0	0
(9) KERI VENEMA Treasurer	1 00 0 00	х		х				0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours for related (C) Position (do not check more than one box, unles person is both an office and a director/trustee)					unless officer	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Þ		
c	Total from continuation sheets to Part VII, Section A	۲		
d	Total (add lines 1b and 1c)	۳		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4		Νo	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for				
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo	

Section	R	Inden	andant	Contra	ctore
Section	D.	muen	enuent	CONTRA	ICLUES

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
The large transfer of the day and the state of the state						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	/++1	Statement of Revenue	nco or note to any lim	oun this Down VIII			
		Check if Schedule O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns 1a					
unts	ь	Membership dues 1b	,				
0 12 13 13 13 13 13 13 13 13 13 13 13 13 13	c	Fundraising events 1c	20,030				
ffs, r A	d	Related organizations 1d	166,300				
ije je	e	Government grants (contributions) 1e					
Sin							
tributions, Gifts, Grants Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$					
Cont	h	Total. Add lines 1a-1f	🙀	784,756			
			Business Code				
eL	2a	STUDENT FEES	611600	1,852,436	1,852,436		
æ ĕ	ь						
<u> 5</u>	С						
Ž.	d						
Program Serwce Revenue	e						
<u> </u>	f	All other program service revenue					
<u>*</u>	g	Total. Add lines 2a-2f	🛌	1,852,436			
	3	Investment income (including dividen and other similar amounts)		626			626
	4	Income from investment of tax-exempt bond		0			
	5	Royalties	▶ [0			
		(ı) Real	(II) Personal				
	6a	Gross rents 29,909 Less rental 18,294	64,877				
	Ь	expenses	64.077				
	C	Rental income 11,615 or (loss)	64,877				
	d	Net rental income or (loss)	· -	76,492	64,877		11,615
	7a	Gross amount from sales of assets other	(II) Other				
	ь	Less cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	events (not including \$					
ι <u>ς</u>		See Part IV, line 18 a	708,399				
the	ь	Less direct expenses b					
ō	С	Net income or (loss) from fundraising	events 🛌	331,413			331,413
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
		Net income or (loss) from gaming acti	ivities	0			
	10a	Gross sales of inventory, less returns and allowances .	96,429				
		Less cost of goods sold b	71,478				
	C	Net income or (loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·	24,951	24,951		
	11~	Miscellaneous Revenue	Business Code 900099	2,330			2,330
	11a b	Advertising	300099	2,330			2,330
	D						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2.225			
	12	Total revenue. See Instructions .		2,330			
	l			3,073,004	1,942,264		345,984

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	Section	501(c)(3)) and 501(c)(4) organizations must com	plete all columns	All other organizations r	nust complete column (A)
--	---------	-----------	----------------	--------------------------	-------------------	---------------------------	-------------------------	---

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX	(B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,639,843	1,457,635	162,629	19,579
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,386	51,772	4,010	604
9	Other employee benefits	198,915	184,517	12,409	1,989
10	Payroll taxes	116,868	103,798	11,489	1,581
11	Fees for services (non-employees)				
а	Management	1,542		1,542	
ь	Legal	0			
c	Accounting	1,539		1,539	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	28,520			28,520
13	Office expenses	157,482	115,286	23,622	18,574
14	Information technology	45,288	38,948	4,076	2,264
15	Royalties	0			
16	Occupancy	241,930	217,737	21,773	2,420
17	Travel	35,848	35,848		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	·		
19	Conferences, conventions, and meetings	1,606	1,606		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	194,136	175,713	17,278	1,145
23	Insurance	0			· · · · · · · · · · · · · · · · · · ·
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)				
а	STUDENT TRANSPORTATION	35,167	35,167		
b	CONTINUING EDUCATION	10,109	10,109		
c	BAD DEBT	9,451	9,451		
d	DUES	8,069	8,069		
e	All other expenses	1	1		
25	Total functional expenses. Add lines 1 through 24e	2,782,700	2,445,657	260,367	76,676
26	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)	_, =,, ==,	_,,		,

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	48,547	1	52,590
	2	Savings and temporary cash investments	853,177	2	844,717
	3	Pledges and grants receivable, net	123,895	3	33,117
	4	Accounts receivable, net	66,736	4	60,559
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
ø	6	Loans and other 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) Complete Part II of Schedule L		5	0
Assets				6	0
8	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	16,682	8	11,012
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 8,232,175	5		
	ь	Less accumulated depreciation 10b 2,536,486	5,848,262	10 c	5,695,689
	11	Investments—publicly traded securities	5,103	11	5,103
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	3	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,962,405	16	6,702,787
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	212,438	19	55,397
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ар		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	588,826	23	196,207
	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	931	25	669
	26	Total liabilities. Add lines 17 through 25	802,195	26	252,273
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
<u>8</u>	28	Temporarily restricted net assets		28	
or Fund Balance	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▽ and			_
<u> </u>		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	6,160,210	30	6,450,514
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Net	33	Total net assets or fund balances	6,160,210	33	6,450,514
	34	Total liabilities and net assets/fund balances	6,962,405	34	6,702,787

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,0	73,004
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	782,700
3	Revenue less expenses Subtract line 2 from line 1	3		2	290,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,1	160,210
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,4	150,514
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3 a	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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization MANHATTAN CHRISTIAN SCHOOL 81-0252165 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶□

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493196016376

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Nar	me of the organization HATTAN CHRISTIAN SCHOOL	<u>,</u>		oloyer identifica	tion numbe	er
Pa	organizations Maintaining Donor Adv			0252165 or Accounts	. Complet	te if the
	organization answered res to rorm 550,	(a) Donor advised funds		(b) Funds and	other accou	ınts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	_			┌ Yes	┌ No
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part IV	/, line 7.	
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)		•		
	igcap Preservation of land for public use (e g , recreation	or education)	histor	rically important	: land area	
	Protection of natural habitat	Preservation of a	certifie	d historic struc	ture	
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the forr	n of a conserva	tion	
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c			
	Number of conservation easements included in (c) acquinistoric structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferred the tax year -	ed, released, extinguished, or terminate	ed by tl	he organization	during	
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling o	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easer	ments	during the year		
	Amount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s durın	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financia				
ır	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Ot	her Similar	Assets.	
1	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education,	or rese	earch in furthera		
)	If the organization elected, as permitted under SFAS 13 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education,				ıc
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
	Revenue included in Form 990, Part VIII, line 1			► \$		
)	Accets included in Form 990 Part V			b d:		

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torical	Treasu	ures, or O	ther:	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cł	neck any	of the fol	lowing that a	re a sı	ignificant use	of its	
а	Public exhibition		d	┌ Lo	an or exc	:hange progr	ams			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they fur	ther the	organızatıon	's exer	mpt purpose i	n	
5	During the year, did the organization solicit								_	_
Do	assets to be sold to raise funds rather than t								Yes	☐ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	ı res	s to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets no		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing table	:					
								An	nount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for escro	worcust	odial accour	nt liabi	lity?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anation h	as been	provided in P	art XI	II		Γ
Pa	rt V Endowment Funds. Complete		n ans	wered '	Yes" to	Form 990,	Part :	IV, line 10.		
		(a)Current year	(b)	Prior year		wo years back			(e)Four	ears back
1a	Beginning of year balance	2,748,252		2,600,4		2,663,998		2,750,200		2,464,363
Ь	Contributions	48,070		68,5	1/3	18,160		79,479		20,751
С	Net investment earnings, gains, and losses	-245,627		221,0	54	65,135		-32,315		380,520
d	Grants or scholarships	129,236		132,6	89	137,765		123,235		107,578
е	Other expenditures for facilities and programs									
f	Administrative expenses	7,839		9,1		9,097		10,131		7,856
g	End of year balance	2,413,620		2,748,2	:52	2,600,431		2,663,998		2,750,200
2	Provide the estimated percentage of the cur	ent year end baland	e (lır	ne 1g, col	umn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ▶									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that are l	neld and	admınıstered	l for th	e		
	organization by								Yes	+
	(i) unrelated organizations							3a(3a(No
ь	(ii) related organizations						• •	3a(+
4	Describe in Part XIII the intended uses of the	· ·							1100	
Par	t VI Land, Buildings, and Equipme		he o	rganızat	ion ans	wered 'Yes	' to Fo	orm 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line : Description of property	10.		(a) Cos	t or other	(b)Cost or o	ther	(c) Accumulated	(d) B	ook value
	2 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				vestment)	basis (othe		depreciation	`´	
1a	Land									
b	Buildings					7,325	,245	2,159,58	35	5,165,660
С	Leasehold improvements					160	,818	50,78	35	110,033
d	Equipment					746	,112	326,11	16	419,996
	Other									
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part 2	K, colu	ımn (B), I	ne 10(c).)		•		5,695,689
								Schedule D	Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market v	alue
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Col	mplete if the organizatio	n answered 'Yes' to Form 990	, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation	
(a) bescription of investment	(b) Book value	Cost or end-of-year market v	alue
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See Form 990), Part X, line 15
(a) Descrip	otion	(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			and46 Car
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ilzation answered 'Yes' t	o Form 990, Part IV, line 11e	or 11t. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Payroll withholding	-206		
Rental deposits	875		
·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	the text of the feetnets to t		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13	1 age 3		
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		
l			
-			

Schedule D (Form 990) 2014

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DLN: 93493196016376

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			mployer identification number				
Name of the organization MANHATTAN CHRISTIAN SCHOOL Part I 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? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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 the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	81-0252165						
Pa	rt I			YES	NO		
1		ts charter, bylaws,	1	Yes			
2	brochures, catalogues, and other written communications with the public dealing with student ad		2	Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, ın a way					
	please explain 11 you need more space use Part 11		3	Yes			
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes			
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ıblıc dealıng	4c	Yes			
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No		
Ь	Admissions policies?		5b		No		
c	Employment of faculty or administrative staff?		5c		No		
	Scholarships or other financial assistance?		5d		No		
	Educational policies? Use of facilities?		5e		No		
	Athletic programs?		5f 5g		No No		
	Other extracurricular activities?		5h		No		
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II						
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No		
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes			

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized	SPECIAL NOTICE REGARDING NONDISCRIMINATORY POLICY IS PUBLISHED IN THE BOZEMAN DAILY CHRONICLE
Schedule E, Line 4 - Explanation of Records and Materials Not Maintained	
Schedule E, Line 5 - Explanation of Organization Discrimination by Race	

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493196016376

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ne of the organization	0.01				Employer idei	ntification number
NHATTAN CHRISTIAN SCH	OOL				81-0252165	
rt I Fundraising Activ			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E
Indicate whether the organi	•	•	nv of the 1	following activities. Che	eck all that apply	
Mail solicitations				Solicitation of non		
Internet and email solid	citations		f	Solicitation of gov		
Phone solicitations			g	Special fundraisin		
▼ In-person solicitations						
Did the organization have a or key employees listed in						Γ _{Yes} Γ ,
If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
<u>. </u>			<u> </u>			
List all states in which the o	organization is regis	tered or li	censed to	solicit contributions o	has been notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
			(a) Event #1 FRIENDS OF	(b) Event #2 STUDENT	(c) O ther events	(d) Total events (add col (a) through col (c))
			MCS/SCRIP (event type)	ACT./ATHLETICS (event type)	(total number)	
₽	1	Gross receipts	585,861			728,429
Revenue	2	Less Contributions		20,030		20,030
ž	3	Gross income (line 1 minus line 2)	585,861			708,399
	4	Cash prizes	332,332			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
60	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
莅	9	Other direct expenses .	306,085	70,901		376,986
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(376,986
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)		331,413
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
		\$13,000 OH TOHH 550 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
pen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
짇	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	✓ Yes %✓ No		_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	lumn (d)		
9	Ent	ter the state(s) in which the organize	ation conducts gaming ac	tivities		
а		the organization licensed to conduct				Г _{Yes} Г _{No}
b	If"	No," explain				
10a		re any of the organization's gaming			the tax year?	· · 「Yes 「No
D	11	Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
c	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization MANHATTAN CHRISTIAN SCHOOL

Employer identification number

81-0252165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The Form 990 will be reviewed by the finance subcommittee and forwarded to the board of directors
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL POSSIBLE CONFLICTS ARE DISCLOSED AT THE BOARD MEETINGS EMPLOYEES ARE ALSO AWARE OF TH E CONFLICT OF INTEREST POLICY AND NOTIFY THE BOARD OF ANY POSSIBLE CONFLICTS
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	ALL COMPENSATION, INCLUDING THAT OF MANAGEMENT, IS BASED ON A SALARY SCHEDULE, WHICH IS AP PROVED BY THE BOARD IN DETERMINING THE SALARY SCHEDULE, COMPENSATION PAID BY OTHER SCHOOL S IN THE AREA IS CONSIDERED
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE SCHOOL'S DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON A LIMITED BASIS WITH BOARD APPROVAL

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MANHATTAN CHRISTIAN SCHOOL **Employer identification number**

81-0252165

Part I Identification of Disregarded Entities Complete	ıf the organızatıon a	answered "Yes" on	Form 990, Pa	rt IV, line 33.	
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co enti	512(b) ntrolled
						Yes	No
8000 CHURCHILL ROAD	RAISE FUNDS FOR MANHATTAN CHRISTIAN SCHOOL	МТ	501(C)(3)	11	NA		No

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	IIII Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.										
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

hedule R (Form 990) 2014		Pa	ge 3
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	·-		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
L During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
• Sharing of paid employees with related organization(s)	10		No
P Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No

- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

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
--

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MANHATTAN CHRISTIAN SCHOOL FOUNDATION	S	166,300	cash

No

1s Yes

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity Name, address, and ent	[·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					اتــــــــــــــــــــــــــــــــــــ				163					ļ

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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