Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Rovenue Service

▶ Do not enter social security numbers on this form as it may be made public 🕡

Inter	al Rave	nue Service	▶ Go to www.irs.gov/Form990 for instructions and the late	est information. U Inspection						
A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending MAY 31, 2019										
B	Check if	C Name o	forganization	D Employer identification number						
	Addre		HLAKE CHRISTIAN SCHOOL							
ᆫ]Name chang	Doing b	usiness as	72-0841693						
]Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone number						
	Final	7010	4 WOLVERINE DRIVE	985-892-2683						
	termin		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 8,704,946.						
	Amen	ded COTT	NGTON, LA 70433	H(a) Is this a group return						
=	-Jreturn ∏Applic		nd address of principal officer.GLENN MARTIN	for subordinates? Yes X No						
ь.	-Jtion pendi	na	AS C ABOVE .							
		empt status		A (-,						
			X 501(c)(3)							
				H(c) Group exemption number						
	art I		X Corporation	ar of formation: 1978 M State of legal domicile: LA						
F		Summary	NODWIT AVE	OUD TOWN TO A						
é	1		be the organization's mission or most significant activities NORTHLAKE							
د Governance			, NON-DENOMINATIONAL, NON-PROFIT CHRIS							
eru	_	Check this bo		preithan 25% of its net assets						
<u>۾</u> ر_	3	Number of vo	ting members of the governing body (Part VI, line 1a)	\(\int_{0}\) \(\begin{array}{cccccccccccccccccccccccccccccccccccc						
78	4	Number of inc	lependent voting members of the governin(VI, line 1b)	5 2070 0 4 6						
1 7 07	5	Total number	of individuals employed in calendar year 20 line 2a) ALIG	0 5 2020 6 5 221						
Z Z ctiviti	6	Total number	of volunteers (estimate if necessary)	<u> </u>						
Act	7 a	Total unrelate	d business revenue from Part VIII, column (DEN, UT 7a 0.						
<u></u>	ь	Net unrelated	business taxable income from Form 990-T, line 38	76 0.						
5				Prior Year Current Year						
وي	8	Contributions	and grants (Part VIII, line 1h)	182,933. 495,104.						
蝶	9	Program servi	ce revenue (Part VIII, line 2g)	8,403,802. 7,843,072.						
	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	103,069. 114,355.						
Ϋ́	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,392. 85,451.						
SCANNED	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,770,196. 8,537,982.						
0,2	13	Grants and sii	milar amounts paid (Part IX, column (A), lines 1-3)	867,570. 794,562.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0. 0.						
Ş	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	5,341,358. 4,888,068.						
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0. 0.						
ę,	ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 17,429.							
Û	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,809,604. 2,539,154.						
	18	Total expense	s Add lines 13-17 (must equal Part IX, column (A), line 25)	9,018,532. 8,221,784.						
	1		expenses Subtract line 18 from line 12	-248,336. 316,198.						
<u>res</u>				Beginning of Current Year End of Year						
sets	20	Total assets (F		13,866,191. 12,005,025.						
ASS	21		(Part X, line 26)	9,487,360. 7,309,996.						
Net Assets or Fund Balances	22		fund balances Subtract line 21 from line 20	4,378,831. 4,695,029.						
	rt II	Signature								
			declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my knowledge and belief, it is						
			Degaration of preparer (other than officer) is based on all information of which prepare							
				07/14/2020						
Sigi	n	Signatur	e of officer	Date						
Her		GLEN	N MARTIN, HEAD OF SCHOOL							
	-		orint name and title							
		Print/Type pre	parer's name Preserve signature	Date Check PTIN						
Paid	1	1	C. GUTTIERREZ, CPA	7-6-2020 "self-employed P01467416						
	arer	Firm's name	LAPORTE, APAC	Firm's EIN 72-1088864						
	Only		5100 VILLAGE WALK, SUITE 300	/2 100004						
	J,	1 1111 3 audi 633	COVINGTON, LA 70433	Phone no. 985 - 892 - 5850						
Max	the II	DS discuss the	s return with the preparer shown above? (see instructions)	X Vos No						

Form 990 (2018)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	NORTHLAKE CHRISTIAN SCHOOL	72-0841693	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>` x</u>
1	Briefly describe the organization's mission		
	NORTHLAKE CHRISTIAN SCHOOL IS A PRIVATE, NON-DENOMINATIO	NAL,	
	NON-PROFIT CHRISTIAN SCHOOL THAT EXISTS TO ASSIST THE CH		
	COMMUNITY IN PROVIDING A CHRIST-CENTERED ENVIRONMENT IN		
	CAN BE INTEGRATED WITH LEARNING TO OFFER A COLLEGE PREP		
2	Did the organization undertake any significant program services during the year which were not listed on the	DDOCTITION 1	
_	prior Form 990 or 990-EZ?	Yes	Y No
	If "Yes," describe these new services on Schedule O	163	140
2	·	Yes	▼ Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	LAJ NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	/ / / / / / / / / / / / / / / / / / / /	·\$7,846,	
	THE OPERATION OF A CHRISTIAN SCHOOL TO EDUCATE CHILDREN		
	THROUGH 12TH GRADE. 858 STUDENTS WERE ENROLLED DURING TH	IE FISCAL YE	<u>AR</u>
	ENDED 5/31/2019.		
	NCS ALSO OPERATES A SUMMER DAY CAMP FOR STUDENTS ENTERIN	IG	
	KINDERGARTEN-6TH GRADE. 197 CAMPERS PARTICIPATED DURING	THE FISCAL	YEAR
	ENDED 5/31/2019.		
	NCS' CLASS OF 2019 GRADUATED 72 STUDENTS WHO EARNED MORE	THE \$6.5	
	MILLION IN COLLEGE SCHOLARSHIPS; 93% MATRICULATED TO A 4		GE.
	OR UNIVERSITY.	THIN CORDE	
	ON UNIVERSITY		
4b	(Code) (Expenses \$	- c	
76	(Code) (Expenses \$) (Nevenue	, , ,	
			
			
			
			
	<u></u>		
4c	(Code) (Expenses \$) (Revenue	e \$)
		<u></u>	
			
			
			
4d	Other program services (Describe in Schedule O)		-
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	6 607 404		
		Form 9!	90 (2018)

Form 990 (2018) NORTHLAKE CHRISTIAN SCHOOL
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
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		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			.,.
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
ь	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Ţ	. –
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
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	17		<u> </u>
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		<u> </u>
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Part IV Checklist of Required Schedules (continued)

			Yes	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	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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	_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	_	X
26	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,"	ļ		ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			•
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>X</u> _
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
(Da	Note, All Form 990 filers are required to complete Schedule O	38	<u> </u>	
Pai				
_	Check if Schedule O contains a response or note to any line in this Part V			ب
_	5. W		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			
	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable Delta the number of Forms W-2G included in line 1a. Enter ·0· if not applicable Delta the number of Forms W-2G included in line 1a. Enter ·0· if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(2018)
83200	\$ 12-31-18	LOUIN	YUU (∠U IO}

			Yes	No
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 22 221		İ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	[
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	, ,		
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ا . ا	' i	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	∤		
	Enter the amount of reserves on hand Did the assessment of reserves on hand	140		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O.	14a 14b		12
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	-13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O			
	ii 100, complete i onii 4720, coneccio o	Form	990	2010

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>[</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		ĺ		
	more members of the governing body?	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Í	
	The governing body?	8a_	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		· ·	
10-	Did the organization have level chanters, hypnobes, or officiated?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 I a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MATTHEW METCALF - (985) 635-0503			
	70104 WOLVERINE DRIVE, COVINGTON, LA 70433			

Form **990** (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) MARCUS LYMAN II	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) MARCUS LYMAN, II	1.00									
CHAIRMAN		X		X				0.	0.	0
(2) MALLERY MELE	1.00							_	_	_
TREASURER		X	<u> </u>	X				0.	0.	0
(3) JASON WEST	1.00									
SECRETARY		X	<u> </u>	X				0.	0.	0
(4) BRIAN TARANTINO	1.00							_		
MEMBER		X	<u> </u>	ļ	<u></u>	<u>_</u>		0.	0.	0
(5) BOB WHELAN	1.00							_	_	_
1EMBER		Х						0.	0.	0
(6) DAVID BOTTNER	1.00							_	_	
MEMBER		X						0.	0.	0
(7) GLENN MARTIN	40.00								_	
HEAD OF SCHOOL		<u> </u>		X				100,500.	0.	8,161
(8) MATTHEW METCALF	40.00	l							_	
DIRECTOR OF BUSINESS & FINANCE		<u> </u>	<u> </u>	X		Ш		32,139.	0.	<u>5,955</u>
			_	<u> </u>			_			
-				┝						
							·			
			_							
										
			<u>_</u>							
		-								
		1								

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 d Related organizations 1d 19,002. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 476,102 similar amounts not included above 147,491 g Noncash contributions included in lines 1a-1f \$ 495,104 h Total. Add lines 1a-1f Business Code 2 a TUITION & FEES 611110 7,311,723.7,311,723 Program Service Revenue **b** HOT LUNCH INCOME 201,843 611710 201,843 c ATHLETIC DEPT 611620 188,865 188,865 d MISCELLANEOUS INCOME 58,302. 611710 58,302. 45,589 45,589. 611710 e REQUIRED SERVICES REVE 36,750 36,750 611710 f All other program service revenue 843,072 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 113,014 113,014. other similar amounts) Income from investment of tax-exempt bond proceeds 4 56,988. 56,988. Royalties 5 (II) Personal (i) Real 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 146,180 4,200 assets other than inventory b Less cost or other basis 148,690 349 and sales expenses 3,851 c Gain or (loss) -2,510.3,851 1,341. -2,510. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 39,124 17,925 b Less direct expenses 21,199 21,199. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 7,264 and allowances 0. b Less cost of goods sold 7,264 7,264. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 537,982,7,846,923 0. 195,955. Total revenue See instructions

Form 990 (2018) NORTHLAKE CHRISTIAN SCHOOL Part IX Statement of Functional Expenses

	columns. All other organizations must comp	

Do i	Check if Schedule O contains a responnet include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		-		
2	Grants and other assistance to domestic	504 560	704 560		
	individuals See Part IV, line 22	794,562.	794,562.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 200	01 055	122 042	16,211
_	trustees, and key employees	230,208.	81,055.	132,942.	10,211
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,237,044.	3,671,493.	565,551.	
7	Other salaries and wages Pension plan accruals and contributions (include	4,231,044.	J,0/1,4/J.	303,331.	
8	section 401(k) and 403(b) employer contributions)	2,013.	2,013.		
_	Other employee benefits	87,771.	37,987.	49,784.	
9	Payroll taxes	331,032.	269,611.	60,203.	1,218
0	Fees for services (non-employees)	331,032.	205,011.	00,203.	
1	Management				
a	Legal	1,900.		1,900.	
b	Accounting	20,500.		20,500.	
d		20/3001		20/3001	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	011 (141 44				
9	column (A) amount, list line 11g expenses on Sch Q.)	162,232.	105,488.	56,744.	
2	Advertising and promotion	10,953.		10,953.	-
3	Office expenses	22,152.	14,012.	8,140.	
4	Information technology	141,263.	118,467.	22,796.	
5	Royalties				
6	Occupancy	214,865.	129,127.	85,738.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	15,335.	8,497.	6,838.	
0	Interest	136,013.		136,013.	
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	350,212.	349,105.	1,107.	
23	Insurance	103,219.		103,219.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	WOLVERINE ATHLETIC PARE	269,140.	269,140.		
b	DDD TDC /M TMDM MOD	182,344.	88,310.	94,034.	
С	HOW LIDIOU DANDENCE	160,237.	160,237.		
d	GT 1 GGD COV GUDDI TEG	97,028.	97,028.		
е	All other expenses	651,761.	501,272.	150,489.	
5	Total functional expenses Add lines 1 through 24e	8,221,784.	6,697,404.	1,506,951.	17,429
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 I if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Pa	rt 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	· · · · · · · · · · · · · · · · · · ·	_1_	
	2	Savings and temporary cash investments	1,783,514.	2	1,889,160.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,889,227.	4	366,930.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
	ł	employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	46 501
	8	Inventories for sale or use	0.	8	46,791.
	9	Prepaid expenses and deferred charges	137,289.	9	131,486.
	10a	Land, buildings, and equipment cost or other			
	١.	basis Complete Part VI of Schedule D Less accumulated depreciation 10a 15,765,275. 10b 6,194,617.	9,056,161.		0 570 650
	í		9,030,101.		9,570,658.
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13 14	
	14 15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,866,191.	16	12,005,025.
	17	Accounts payable and accrued expenses	357,792.	17	713,244.
	18	Grants payable	33.7.7.2.0	18	7107211
	19	Deferred revenue	5,300,216.	19	2,445,113.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons	_		
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,829,352.	23	3,675,803.
	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	0.	25	475,836.
	26	Total liabilities. Add lines 17 through 25	9,487,360.	26	7,309,996.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ X☐ and			
es	ľ	complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	4,358,787.	27	4,675,485.
Bai	28	Temporarily restricted net assets	20,044.	28	19,544.
Fund Balances	29	Permanently restricted net assets		29	·
£	!	Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	·	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	4,378,831.	32 33	4,695,029.
_	33	Total helities and get assets (fund balances	13,866,191.	34	12,005,025.
	34	Total liabilities and net assets/fund balances	10,000,1910	34	Form 990 (2018)

	n 990 (2018) NORTHLAKE CHRISTIAN SCHOOL	72-084	1693	Pag	je 12
Pa	rt XI Reconciliation 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	<u>8,537</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>8,221</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,19</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,378	83	<u>31.</u>
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,695	,02	<u> 29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- [
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		1	}	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		İ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		Ì	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

				STIAN SCHOOL				7	2-0841693			
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part) S	ee instructions	<u> </u>				
The 1 2 3 4	organi X —	zation is not a private found A church, convention of ch A school described in secti A hospital or a cooperative A medical research organiz	urches, or association 170(b)(1)(A)(ii). (a hospital service orga	n of churches described Attach Schedule E (Forn anization described in se	d in section 990 or 99 ection 170	on 170(b)(90-EZ)))(b)(1)(A)(i	1)(A)(ı). ıi).	(iii). Enter	the hospital's name,			
5		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)										
6 7		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)										
8 9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or										
10		An organization that norma activities related to its exen income and unrelated busin	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	ts suppor	t from gross investment			
11 12		See section 509(a)(2). (Cor An organization organized a An organization organized a more publicly supported or	and operated exclusion and operated exclusions describe	vely for the benefit of, to d in section 509(a)(1) o	perform	the functio 509(a)(2)	ons of, or to ca See section 5	09(a)(3). ⁽				
а		Innes 12a through 12d that of Type I. A supporting orgathe supported organization You must of the supported organization.	anization operated, son(s) the power to re	upervised, or controlled gularly appoint or elect a	by its sup	ported org	ganization(s), t	ypically by				
b		Type II. A supporting org control or management o organization(s) You mus	anization supervised of the supporting orga	or controlled in connec anization vested in the s			=		-			
С		Type III functionally inte	egrated. A supporting n(s) (see instructions	g organization operated). You must complete I	Part IV, Se	ections A,	D, and E.					
d	i (Type III non-functionally that is not functionally int requirement (see instruct	egrated The organiz	ation generally must sat oplete Part IV, Sections	isfy a dist	ribution re , and Part	quirement and V.	l an attent	iveness			
е		Check this box if the orga functionally integrated, or	r Type III non-functio				a Type I, Type	II, Type III				
		r the number of supported of	•						L			
_ 9		ide the following information Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your govern	nization listed ing document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)			
					_							
	_			····								

ota	al	<u> </u>										

Schedule A (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCHOOL 72-0841693 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 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 behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 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, etc. (see instructions) 13 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 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is \$3 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, of 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported drganization

Schedule A (Form 990 or 990-EZ) 2018

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 (b) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (ង) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 16 % Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more that 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

15

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

Schedule A (Form 990 or 990-EZ) 2018

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion 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	ļ	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			ļ
	(b) and (c) below	3a	ļ	
ь	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		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
	"Yes," and if you checked 12a or 12b 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		
С	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)? If "Yes," explain in Part VI what controls the organization used	Ì		
	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		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) 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	ļ		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8	ļ	
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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a_		
L	Did the organization have any excess husiness holdings in the tay year? (I is a Schedule C. Form 4720, to			i

determine whether the organization had excess business holdings

13035 1

Sche	edule A (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCH	OOL		72-0841693 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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		
Sect	ion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	l		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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		<u> </u>
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Chock here if the current year is the organization's first as a confunctional	ly integrat	ed Type III supporting or	nanization (coo

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCHOOL 72-0841693 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ı) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Employer identification number

Inspection

72-0841693 NORTHLAKE CHRISTIAN SCHOOL

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ner Similar Funds	or Account	S. Complete if t	he
			dvised funds	(b) Funds	and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the asse	ets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal con	trol?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or	for any other purpose	conferring		
	impermissible private benefit?				Yes	□ No
Pa	t II Conservation Easements. Complete if the org	ganization answered	d "Yes" on Form 990, F	Part IV, line 7		<u> </u>
1	Purpose(s) of conservation easements held by the organization	ion (check all that a	pply).			
	Preservation of land for public use (e.g., recreation or e	education) 🔲	Preservation of a histo	orically importan	it land area	
	Protection of natural habitat		Preservation of a certi	fied historic stru	ucture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation co	ontribution in the form	of a conservatio	n easement on	the last
	day of the tax year			He	ld at the End of the	ne Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and r	iot on a historic structu	ıre		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguishe	d, or terminated by the	organization du	uring the tax	
	year ▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, in	spection, handling of			
	violations, and enforcement of the conservation easements i	t holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing cons	ervation easem	ents during the	year
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcing conservat	tion easements	during the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the require	ements of section 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				Yes	L No
9	In Part XIII, describe how the organization reports conservati	ion easements in its	revenue and expense	statement, and	balance sheet,	and
	include, if applicable, the text of the footnote to the organization	tion's financial state	ments that describes t	he organization	's accounting fo	or
	conservation easements					
Pa	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	Treasures, or Of	ther Similar	Assets.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to repo	rt in its revenue statem	ent and balance	e sheet works o	f art,
	historical treasures, or other similar assets held for public ext	hibition, education,	or research in furtherar	nce of public ser	rvice, provide, ir	n Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in	its revenue statement	and balance sh	eet works of art	, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or researd	h in furtherance of pub	olic service, prov	vide the followin	g amounts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$_		
	(ii) Assets included in Form 990, Part X			▶ \$_		
2	If the organization received or held works of art, historical tre	asures, or other sim	ıllar assets for financial	gaın, provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relatir	ng to these items			
а	Revenue included on Form 990, Part VIII, line 1			> \$_		
b	Assets included in Form 990, Part X			\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Scl	hedule D (Form	990) 2018

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		KE CHRISTI	AN SCHOOL			72	-08416	93 F	age 2
Pai	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or	Other				
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sıgı	nificant use	of its collec	tion iten	ns
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange progran	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	he organizatior	n's exem _l	pt purpose i	n Part XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	sımılar a	ssets			
	to be sold to raise funds rather than to be ma					<u></u>	Yes Yes		No_
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	es" on F	orm 990, Pa	art IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other asse	ets not in	cluded			_
	on Form 990, Part X?						Yes	. L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table [.]						
							Amo	<u>unt</u>	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	G				-	·?	L Yes	<u> </u>	⊣ No
_	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete it								
		(a) Current year	(b) Prior year	(c) Two years) Three years		our years	
1a	Beginning of year balance	603,129,	734,809.	770,		244			352.
b	Contributions	- <u></u>	12,262.	117,	421.	803,	117.	400	138,
С	Net investment earnings, gains, and losses								
d	Grants or scholarships	<u> </u>					031.		
е	Other expenditures for facilities								
_	and programs	99,732,	143,942,	152,	629.	274,	743.	400	816.
f	Administrative expenses								
g	End of year balance	503,397,	603,129,		809.	770,	01/.	244	<u>.674.</u>
2	Provide the estimated percentage of the curr	96.02	e (iine 1g, column (a %	ij) neid as					
a	Board designated or quasi-endowment ► Permanent endowment ► .00	%							
b									
С	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posse		ation that are held a	nd administere	d for the	organizatio	n		
Ja	by.	ssion of the organize	ation that are note a			organizatio		Yes	No
	(i) unrelated organizations						3a(X
	(ii) related organizations						3a(X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	•					تبقا		
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, I	Part X, Iır	ne 10			
	Description of property	(a) Cost or of				umulated	(d) B	ook valu	je
	,	basis (investm	1 ' '	I		eciation	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
_ <u></u> 1а	Land		1,03	3,459.			1,0	33,4	59.
	Buildings			9,883.	4,51	17,449		42,4	
C	Leasehold improvements								
d	Equipment		1,54	3,203.	1,33	37,392	. 2	05,8	11.
	Other			8,730.		39,776		88,9	
	Add lines 1a through 1e (Column (d) must e	rual Form 990 Part						70 6	

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

475,836.

	dule D (Form 990) 2018 NORTHLAKE CHRISTIAN SCHOOL				<u> </u>	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial Stateme		Revenue per R	eturn	l .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	 			0 000	C1 F
1 2	Total revenue, gains, and other support per audited financial statements			1	8,002	,615.
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments	2a		1		
ь	Donated services and use of facilities	2b		1		
C	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	8,002	<u>,615.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		} }		
b	Other (Describe in Part XIII)	4b	535,367.		F 2 F	267
_C	Add lines 4a and 4b			4c	8,537	<u>,367.</u>
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu		,902.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	CITCO WILLI	Expended per	· iota	• • • •	
1	Total expenses and losses per audited financial statements			1	7,686	.417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				.,,,,,,	<u>, </u>
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
С	Other losses	2c]		
d	Other (Describe in Part XIII)	2d	17,925.			
е	Add lines 2a through 2d			2e		<u>,925.</u>
3	Subtract line 2e from line 1			3	7,668	<u>,492.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	553,292.			
b	Other (Describe in Part XIII) Add lines 4a and 4b	(4D)	333,434.	4c	553	,292.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		,784.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi			4, Part :	X, line 2, Part)	ΧΙ,
PAI	RT V, LINE 4:					
	E INTENDED USE OF THE ORGANIZATION'S ENDOW					
SCI	HOOL CAPITAL IMPROVEMENTS.					
			·		 _	
PAI	RT X, LINE 2:			· <u>-</u>		
AC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN !	THE UNI	TED STATE	S OF	AMERIC	CA
PRO	OVIDE ACCOUNTING AND DISCLOSURE GUIDANCE A	BOUT PO	SITIONS T	<u>AKE1</u>	BY AN	
EN'	TITY IN IT TAX RETURNS THAT MIGHT BE UNCER!	TAIN. 1	HE SCHOOL	BEI	LIEVES 1	ТАНТ
ΙT	HAS APPROPRIATE SUPPORT FOR ANY TAX POSIT	IONS TA	KEN AND,	AS S	SUCH, DO	DES
NO	HAVE ANY UNCERTAIN TAX POSITIONS THAT AR	E MATER	RIAL TO TH	E F]	NANCIAI	
	ATEMENTS.					
<u></u>						

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Schedule D (Form 990) 2018

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization NORTHLAKE CHRISTIAN SCHOOL Employer identification number 72-0841693

al				
-	rt I		YES	Τ
	Does the graphyration have a regully condicavementary policy toward students by statement in its sharter, bylance		123	ť
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	4	х	l
	other governing instrument, or in a resolution of its governing body?	_1_	^	╁
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		.	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	_ X _	╁
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			ļ
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			ſ
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain		37	
	If you need more space, use Part II	3	X	┝
	PRINTED ADVERTISING, BROCHURES, AND WEBSITE.			
	Does the organization maintain the following?		,,	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+-
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b_	X	+
0	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		١.,	
	admissions, programs, and scholarships?	4c	X	1
			7,	╁
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
d			Х	
	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:	4d	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to. Students' rights or privileges?	4d 5a	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	4d 5a 5b	X	
a b	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5a 5b 5c	X	
a b c d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d	X	
a b c d e	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	X	
a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	X	
a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X	
a o o d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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?	5a 5b 5c 5d 5e 5f 5g 5h	x	
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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?	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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?	5a 5b 5c 5d 5e 5f 5g 5h		

Schedule E (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCHOOL	72-0841693 Page 2
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	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
NORTHLAKE CHRISTIAN SCHOOL RECEIVES CHAPTER II ALLOTMENT	'S AND USES THE
	· · · · · · · · · · · · · · · · · · ·
ALLOWANCE TO PURCHASE TEXTBOOKS, WORKBOOKS, LIBRARY VOLU	MES AND OTHER
MDAGUTNG /DDGGUDGD WAMDDIALG IN AGGODDANGD WIME DDDDAL G	uither type
TEACHING/RESOURCE MATERIALS IN ACCORDANCE WITH FEDERAL G	MIDELINES.
	
	
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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or 1f the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 72-0841693 NORTHLAKE CHRISTIAN SCHOOL Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (Iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

72-0841693 Page 2 Schedule G (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCHOOL Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col (a) through PIZZA DAY TOURNAMENT col (c)) (event type) (event type) (total number) 27,694 11,430 39,124. 1 Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) 27,694. 11,430 39,124. 4 Cash prizes Noncash prizes Direct Expenses 3,350. 3,350. Rent/facility costs 12,497. 12,497. 7 Food and beverages 8 Entertainment 2,078 2,078. Other direct expenses 17,925. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 21,199. Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) \triangleright Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? __ Yes b If "Yes," explain

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 NORTHLAKE CHRISTIAN SCHOOL 72	-0841693	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to,administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u></u>	
	g		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party.		
	Name		
	Address ►	<u> </u>	
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е	
	organization's own exempt activities during the tax year > \$		_
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
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Schedule G	G (Form 990 or 990-EZ)	NORTHLAKE CHRISTIAN SCHOOL	72-0841693 Page 4
Part IV	Supplemental Inf	NORTHLAKE CHRISTIAN SCHOOL ormation (continued)	
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			Schedule G (Form 990 or 990-EZ)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

OMB No 1545-0047	0100	<u>0</u> 1 07	0 - 4 - 5 - C	Open to Public	Inspection
	L.,				

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X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

criteria used to award the grants or assistance?

Part =

Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

Employer identification number 72-0841693 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. NORTHLAKE CHRISTIAN SCHOOL General Information on Grants and Assistance Name of the organization

	(n) Purpose of grant or assistance				A A	Schedule I (Form 990) (2018)
	(g) Description of noncash assistance			,		
	(f) Method of valuation (book, EMV, appraisal, other)					
pep	(e) Amount of non-cash assistance					
ional space is nee	(d) Amount of cash grant				ne line 1 table	
be duplicated if addit	(c) IRC section (if applicable)				ganizations listed in the table	ions for Form 990.
5,000 Part II can	(b) EIN				nd government or	, see the Instructi
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	

(f) Description of noncash assistance SCHOLARSHIPS & TUITION 72-0841693 DISCOUNTS (e) Method of valuation (book, FMV, appraisal, other) P D THE SCHOOL OFFERS CHILDREN OF ITS EMPLOYEES A TUITION DISCOUNT ACCORDING Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE SCHOOL OFFERS TUITION DISCOUNTS FOR CHILDREN OF FULL TIME CHURCH O.FMV THE SCHOOL REQUIRES A DISCOUNT (d) Amount of non-cash assistance 794 562 (c) Amount of cash grant THEIR CLASSIFICATION AND ROLE WITH THE SCHOOL. NORTHLAKE CHRISTIAN SCHOOL (b) Number of recipients 231 EMPLOYEES, PASTORS AND MINISTERS, (a) Type of grant or assistance SCHOLARSHIPS & TUITION DISCOUNTS Schedule I (Form 990) (2018) LINE PART I, Part III

6 415 4

Page 2

INCLUDING

ELIGIBILITY FORM TO BE COMPLETED TO APPLY FOR THE DISCOUNT,

CONTACT INFORMATION OF 2 REFERENCES TO CONFIRM ELIGIBILITY

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SCHEDULE M (Form 990)

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Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	NORTHLAKE CH	RISTIA	N SCHOOL			1841	<u>693</u>	
Pai	t I Types of Property	(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of d		una	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contrib			is
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		1					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	147.491.	MARKET VALU	JE.		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13	Historic structures	1						
14	Qualified conservation contribution - Other	<u> </u>						
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
	Collectibles							
18		ļ <u>-</u>		<u> </u>				
19	Food inventory							
20	Drugs and medical supplies	 						
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·				
22	Historical artifacts				 ,			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other	<u> </u>						
27	Other ()	<u> </u>						
28	Other (L	<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	·· ··· · · -			
_							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat		al contribution, and	which isn't required to be u	sed for			٠
	exempt purposes for the entire holding period	?				30a		X
þ	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a_		X
b	If "Yes," describe in Part II							1
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			1
	describe in Part II				. 			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	A (Forn	n 990)	2018

832142 10-18-18

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

NORTHLAKE CHRISTIAN SCHOOL	72-0841693						
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
TO ASSIST THE CHRISTIAN COMMUNITY IN PROVIDING A CHRIST-CENTERED							
ENVIRONMENT IN WHICH FAITH CAN BE INTEGRATED WITH LEARNING TO OFFER A							
COLLEGE PREP EDUCATION TO STUDENTS FROM PRESCHOOL THROUGH 12TH GRADE.							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:						
STUDENTS FROM PRESCHOOL THROUGH 12TH GRADE.							
•							
FORM 990, PART VI, SECTION B, LINE 11B:							
THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. ONCE THE							
FORM 990 IS APPROVED BY THE FINANCE COMMITTEE AND THE BOA	RD CHAIRMAN, THE						
HEAD OF SCHOOL SIGNS THE RETURN WHICH IS THEN FORWARDED TO	O THE ACCOUNTING						
FIRM TO RELEASE TO THE IRS.							
FORM 990, PART VI, SECTION B, LINE 12C:							
THE BOARD OF DIRECTORS ARE GIVEN AN ANNUAL STATEMENT AND	RELATED PARTY						
QUESTIONNAIRE WHICH REQUIRES THEM TO DISCLOSE ANY RELATED	PARTY						
TRANSACTIONS.							
FORM 990, PART VI, SECTION B, LINE 15:							
THE ORGANIZATION'S BOARD MEMBERS DO NOT RECEIVE COMPENSAT	ION. THE HEAD OF						
SCHOOL RECEIVES COMPENSATION AS DETERMINED BY THE FINANCE	COMMITTEE OF THE						
BOARD OF DIRECTORS. THE HEAD OF SCHOOL DETERMINES COMPENSA	ATION OF KEY						
EMPLOYEES AND SUBMITS AN ANNUAL BUDGET TO THE BOARD FINANCE	CE COMMITTEE TO						
ADDDOVE							

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization NORTHLAKE CHRISTIAN SCHOOL	Employer identification number 72-0841693
FORM 990, PART VI, SECTION C, LINE 19:	
REQUESTS FOR THE GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY, AND
FINANCIAL STATEMENTS ARE HANDLED ON AN AD HOC BASIS.	
	
	
	
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