Form 990

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

2011

JUL

benefit trust or private foundation)

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

and ending JUN 30,

OMB No. 1545-0047
2011

Open to Public

Open to Public Inspection

В	Check	k if cable:	C Name of organization		D Employer identif	ication number
_		dress	CHRISTIAN EDUCATION, INC.			
ᆫ	(dh	ange	DBA EZELL HARDING CHRISTIAN SCHOOL		J	
Ļ	ch	me ange	Doing Business As		23-7	241505
Ļ	ret	tial um	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
L	ste		574 BELL ROAD		1	3)367-0532
	lret	nended urn	City or town, state or country, and ZIP + 4	•	G Gross receipts \$	5,037,323.
	tiò		ANTIOCH, TN 37013		H(a) is this a group r	
	ре	nding	F Name and address of principal officer:BEECHER FRASIER		for affiliates?	Yes X No
_			574 BELL ROAD, ANTIOCH, TN 37013		H(b) Are all affiliates in	
1	Tax-	exemp	ot status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. (see instructions)
			► WWW.EZELLHARDING.COM	<u></u>	H(c) Group exemption	The state of the s
			anization: X Corporation Trust Association Other	1 Year		M State of legal domicile: TN
P	art	l St	ummary	2	Orioniation, 2572/	VI Claic of legal definicite, 114
_	1	Brie	efly describe the organization's mission or most significant activities: CHRI	STTAN	EDITCATION D	POVIDED FOR
Activities & Governance		TH	HE BENEFIT OF HIGH SCHOOL, MIDDLE SCHOO	T. ANT	ELEMENTARY	CCRUUT.
ī	2	Che	eck this box if the organization discontinued its operations or dispo	sed of more	than 25% of its not o	- SCHOOL
Š	3	Nur	mber of voting members of the governing body (Part VI, line 1a)	Sea of filore	a 1811 23 10 07 23 118111 3	1
Ğ	4	Nur	mber of independent voting members of the governing body (Part VI, line 1b)	•••••	3	14
S)	5	Tota	al number of individuals employed in calendar year 2011 (Part V, line 2a)	••••••••	5	
įŧį	6	Tota	al number of volunteers (estimate if necessary)	•••••••		135
댪	7	a Tota	al number of volunteers (estimate if necessary)	••••••	6	110
₹	'	h Net	unrelated business taxable income from Form 990-T, line 34	••••••	<u>7a</u>	
	\top	D . 101	camerates seasures texable around from Form 950-1, line 34			0.
	8	Con	atributions and grants (Part VIII. line 15)		Prior Year	Current Year
nue	9	Pro	ntributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)		118,067.	
Revenue	10			······-	4,487,934.	4,348,519.
Ä	11	Oth	estment income (Part VIII, column (A), lines 3, 4, and 7d)	·······	13,541.	2,481.
	12	Tota	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······-	343,613.	307,805.
	13	Gm	at revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•••••	4,963,155.	4,947,267.
	14	Poo	nts and similar amounts paid (Part IX, column (A), lines 1-3)		0.	320,263.
44	1	Colo	refits paid to or for members (Part IX, column (A), line 4)	······-	0.	0.
Expenses	15	Sala - D4	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,254,027.	<u>3,295,482.</u>
ĕ	10	a Proi	fessional fundraising fees (Part IX, column (A), line 11e)	····ຼ····	0.	0.
Ä		D IOTE	al fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
	17	Otne	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,143,707.	
	18	1018	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,397,734.	
- Sec	19	Hev	enue less expenses. Subtract line 18 from line 12		<434,579.	<u>> <539,564.</u> >
Net Assets o Fund Balance				Be	ginning of Current Year	End of Year
SSE	20		al assets (Part X, line 16)		3,869,120.	<u>3,598,411.</u>
a de	21		al liabilities (Part X, line 26)		591,234.	<u>859,589.</u>
		Net	assets or fund balances. Subtract line 21 from line 20		<u>3,277,886.</u>	<u>2,738,822.</u>
-	art I		ignature Block			
una	er pe	naities	of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corr	ect, and	d complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
			Cignature of officer			
Sig			Signature of officer		Date	
Her	e		LYNN WILSON, VP FOR FINANCIAL AFFAIRS			
			Type or print name and title			
			nt/Type preparer's name	1	ate, Check	PTIN
Paid			HN V. RAYBURN		self-employe	P00429464
	arer		n's name RAYBURN, BATES & FITZGERALD, P.O	3.	Firm's EIN ▶	62-1471522
Use	Only	Firn	n's address 5200 MARYLAND WAY, SUITE 300			-
		<u> </u>	BRENTWOOD, TN 37027		Phone no. (<u>615)661-7878</u>
May	the the	IRS di	iscuss this return with the preparer shown above? (see instructions)			X Yes No
1320	01 01	-23-12	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2011)

Form 8868

(Rev. January 2012)

^t Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			<u></u> X				
Do set e	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form	٦).					
DO NOT CO	omplete Part II unless you have already been granted	an autom	iatic 3-month extension on a previou	sly filed I	Form 8868.					
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of tie	ne to file	(6 months	for a corporation				
required t	to file Form 990-T), or an additional (not automatic) 3-mo	onth exter	ision of time. You can electronically t	ile Form	8868 to red	quest an extension				
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	of Form 8870, Information Return for	Transfer	s Associate	d With Certain				
Personal	Benefit Contracts, which must be sent to the IRS in pa	per format	t (see instructions). For more details	on the el	ectronic filir	ng of this form,				
Part I	irs.gov/efile and click on e-file for Charities & Nonprofit. Automatic 3-Month Extension of Time		submit original (no copies ne	eded)						
	tion required to file Form 990-T and requesting an auto	matic 6.m	anth extension - check this have and	eueuj.						
Part I only						. —				
All other c	rorporations (including 1120-C filers), partnerships, REN nome tax returns.	IICs, and	trusts must use Form 7004 to reques	st an exte	ension of tin					
Type or	Name of exempt organization or other filer, see instru	ıctione		Cl-	!					
print	CHRISTIAN EDUCATION, INC.	10110113.		Employ	er identifica	ition number (EIN) or				
.	DBA EZELL HARDING CHRISTIA	א פרש	OOT.	X	22 7	241505				
File by the due date for	Number, street, and room or suite no. If a P.O. box, s					241505				
filing your return. See	574 BELL ROAD				ecurity nun	nber (SSN)				
Instructions.	City, town or post office, state, and ZIP code. For a feature and ZIP code. For a feature and ZIP code.									
Enter the !	Return code for the return that this application is for (file	a separa	ate application for each return)			01				
		a dopuic		• • • • • • • • • • • • • • • • • • • •	•••••••	<u>011</u>]				
Application	П	Return	Application							
Is For		Code	Is For			Return				
Form 990		01	Form 990-T (corporation)			Code				
Form 990-l	BL	02				07				
Form 990-			Form 1041-A			08				
Form 990-I		01	Form 4720			09				
	Γ (sec. 401(a) or 408(a) trust)	04	Form 5227			10				
	(trust other than above)	05	Form 6069			11				
. 01111 000	LYNN WILSON	06	Form 8870			12				
• The hor	oks are in the care of 574 BELL ROAD -	3 3700	TOO!! MY 25012							
Telepho	ne No. ► 615-366-6052	AIVI.								
			FAX No. ▶							
• If this is	ganization does not have an office or place of business	in the Un	nited States, check this box	••••••	•••••	▶				
bay b	for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	this is fo	or the whole	group, check this				
box ▶ L	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memi	oers the ext	ension is for.				
1 irequ	Jest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until						
	FEBRUARY 15, 2013 to file the exempt	organiza	tion return for the organization name	d above.	The extens	sion				
is for	the organization's return for:									
₽	calendar year or									
►Q	tax year beginning <u>JUL</u> 1, 2011	, and	d ending <u>JUN</u> 30, 2012		•					
2 If the	tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return F	inal retu	rn					
ш	Change in accounting period									
	application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any							
	fundable credits. See instructions.			За	\$	0.				
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, ϵ	enter any	refundable credits and							
estim	ated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.				
c Balan										
by usi	ng EFTPS (Electronic Federal Tax Payment System). S	ee instruc	etions.	Зс	s	0.				
	you are going to make an electronic fund withdrawal wi					nent instructions				
HA For	Privacy Act and Paperwork Reduction Act Notice, s	ee Instru	ctions.			8868 (Rev. 1-2012)				
23841 1-04-12					. 01111	(1104: 1-2012)				
1-04-12										
61106	769337 33 2011 6	14020	33							

CHRISTIAN EDUCATION, INC.

Form 990 (2011) DBA EZELL HARDING 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3_	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			i
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	İ		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
-	••			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	_X_	
	assets reported in Part Y. line 162 if "You" complete School to Doct IV			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		ļ	
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	11c		<u> </u>
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	المما	ľ	7.7
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	77	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	امما	v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI, XII, and XIII	40-	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	40%		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F.	12b	Y	
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,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		\dashv	43
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Ì	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u>.~</u>		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	- 1	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		X
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	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	bio the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) Part IV Checklist of Required Schedules (continued)

	Did the second s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			İ
~~	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			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
04-	Schedule J	23		X
248	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			l
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	!
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
208	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I			
26	***************************************	25b		X
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		l		,,
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		4,	
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	77
~	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		X
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			7.7
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		_A_
	contributions? If "Yes," complete Schedule M		i	v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	<u> </u>
•	If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
	Schedule N, Part II			v
33		32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	i	v
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{\Lambda}{X}$
b		338		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u>X</u>
	If "Yes," complete Schedule R, Part V, line 2	00	ŀ	v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	 " 		
	Note, All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
b		4 1		ł
C		1		
	(gambling) winnings to prize winners?	1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>
	filed for the calendar year ending with or within the year covered by this return 2a135			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	greater trial of the organization solicit			
	any contributions that were not tax deductible?	6a		<u>X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
-				
h	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?			X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	_	
_	to file Form 8282?			v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<u>X</u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\overline{\mathbf{x}}$
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		- }	
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	İ	i	
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
2a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		ł	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		ı	
	Is the organization licensed to issue qualified health plans in more than one state?	120	\dashv	
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	\dashv	
	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	- 1		
C	Enter the amount of reserves on hand			
4a	PACIFIC CONTRACTOR OF THE CONT	14a	\neg	X
b	If a Voc a hoo it filled a Form 700 to word the second at 0 to 10	14b		

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a1	1	1	
	If there are material differences in voting rights among members of the governing body, or if the governing]	l .	
	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 independent1b1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	L	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	İ		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the energy to the state of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	ĺ		
13	Did the appropriation have a written which have	12c		
14		13		<u>x</u>
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		X
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a				
h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	
~	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	_X	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	_	- 1	v
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	Annual Antonio Miles and Antonio Maria Mar		1	
	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶TN			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ilah		
	for public inspection. Indicate how you made these available. Check all that apply.	vallad	G.	
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	. mian	udi	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
-	LYNN WILSON - 615-366-6052	.UII.		
	574 BELL ROAD, ANTIOCH, TN 37013			
32006 1-23-1		Form	990 (2	011)
			14	/

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A) Name and Title	(B) Average hours per week	(do box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	ющо	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) HARRY R. HIX, JR.										
DIRECTOR	0.00	X						0.	0.	0.
(2) JIM DILLINGHAM								-		
VICE CHAIRMAN	0.00	X						0.	0.	0.
(3) JUNIOR GRIMES										
DIRECTOR	0.00	X						0.	0.	0.
(4) DONALD JENKINS										
CHAIRMAN	0.00	X						0.	0.	0.
(5) JOHNNY MITCHELL										
DIRECTOR	0.00	X						0.	0.	0.
(6) SAM LEWIS										
DIRECTOR	0.00	X						0.	0.	0.
(7) DAVID R. SMITH										
DIRECTOR	0.00	X		_				0.	0.	0.
(8) HAROLD G. SPARKS										
SECRETARY	0.00	X			_			0.	0.	0.
(9) KERRY STILES					ĺ				· · ·	
DIRECTOR	0.00	X					_	0.	0.	0.
(10) RANDY BOYD										
DIRECTOR	0.00	X						0.	0.	0.
(11) WALTER PRUITT						- 1				
DIRECTOR	0.00	X	_			\perp		0.	0.	0.
(12) DANNY GRIFFIN	1		1							
DIRECTOR	0.00	X	_	_	\Box			0.	0.	0.
(13) BILLY APPLETON	Ì									
DIRECTOR	0.00	X		_	_	_	_	0.	0.	0.
(14) LYNN WILSON	4.5			_		Ì	ļ			
DIRECTOR/INTERIM CFO	40.00		\dashv	X		\dashv	_	17,500.	0.	0.
(15) SAMUEL YINGER	40 00									
CFO (PART YEAR)	40.00	\dashv	_	X	_			29,022.	0.	0.
(16) BEECHER FRASIER	40.00					İ		405.000		_
PRESIDENT	1 2.(1.1)()(- 1	- 1	X	- 1	- 1	- 1	105,000.	0.1	<u> </u>

132007 01-23-12

Pa	rt VIII continue official Discontinue	n nakuli	10	<u>(,,</u>	11.	<u> 10</u>	111	<u>un</u>	SCHOOL	23-12	4 L :	<u> </u>	• •	age c
	rt VII Section A. Officers, Directors, Tre	ustees, Key Ei	mple	oyee	es, a	nd I	High	test		ees (continued)				
	(A)	(B) (C) Average Position							(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than			Reportable		Estimat		
		week			iss pe id a d					compensation	- {	aı	mount	
		(describe				П	Τ	T	from the	from related			othe	
		hours for	director	ł		l	Ļ		1	organizations (W-2/1099-MISC	, l		npens	
		related	5	칊			Safe	ı	(W-2/1099-MISC)	(44-2/1099-141130	"丨		rom ti janiza	
		organizations	Individual trustee	institutional trustee		32	ube		(** = *********************************			•	d rela	
		in Schedule	를	digu) ₂₅	뭍	o st co						anizat	
		0)	훒	instil	Officer	Key employee	Highest compensated employee	Ē				- 3		
											\neg		·	
				<u> </u>		<u> </u>	L	L						
								├			\dashv			
						l								
											寸			
							\vdash	-			\perp			
											7			
								_						
4 h	Sub total						Ļ		151 500		_			
10	Sub-total		••••	• • • • • •	• • • • • •	•••••			151,522.		9.			0.
ن	Total from continuation sheets to Part VI	i, Section A	••••	• • • • • •	•••••				0.		2.			0.
<u>~</u>	Total (add lines 1b and 1c)		•••••	·····		****	▶		151,522.).[0.
2	Total number of individuals (including but no compensation from the organization	ot ilmited to th	ose	uste	a ac	ove	e) wr	10 re	eceived more than \$100	,000 of reportable				_
	Compensation from the organization			-		_					_		7,	1
3	Did the organization list any former officer,	director or to	a t a a	lea		1-					Г		Yes	No
Ŭ	line 1a? If "Yes," complete Schedule J for si													
4					•••••	41					··	3		X
•	For any individual listed on line 1a, is the su and related organizations greater than \$150	III of reportable	e co	mpe nole	insa ito S	tion	ano	OTE	ner compensation from t	ne organization				
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	rom :	anv	LIDE	elate	ed organization or indivi	dual for services	··	4		_X_
	rendered to the organization? If "Yes," comp	olete Schedule	Jfc	or su	ch p	oers:	on		or organization or mark	304 101 30111003		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	npensated ind	epe	ndei	nt co	ontra	acto	rs ti	hat received more than :	\$100,000 of compe	ensa	tion f	rom	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ig w	ith c	or wi	<u>thin</u>		ear.				
	(A) Name and business	address	NIC	NE					(B) Description of se	ervices	Co	(C	;) nsatio	n
			110					7					.5400	
								-		İ				
								_						
								+						
	T-1-1													
2	Total number of independent contractors (in		t lin	nited	to t	_		ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	ation 🚩				<u> 0</u>							200 #	2011)

10 40	<u> </u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		1 a		1a		_			
جُ جُ		b				_			
fs,]	C	Fundraising events			4			
9		d	Related organizations			_			
Sign	5	e	Government grants (contribu			4			
35		1	All other contributions, gifts, gran		200 460				
ijö		_	similar amounts not included abo		288,462				
SE			Noncash contributions included in line: Total. Add lines 1a-1f		584				
<u> </u>			Total Add lines 74-11	******************		288,462.			
0	١,	2 a	H.S. TUITION		Business Code 611600		3 554 456		
<u>ک</u> ۳		b			611600	1 402 000	1,554,476.		
8 5		c	E.S. TUITION		611600	1 304 300	1,493,000. 1,304,398.	-	
age exe		d	H.S. BOOK RENTA	AT,	611600	56,750.	56,750.		
Program Service Revenue		e	M.S. BOOK RENTA		611600	55,250.			
4		f	All other program service reve				><115,355.>		
		g	Total. Add lines 2a-2f		D	4,348,519.	×113,333.	·	
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)			2,481.			2,481.
	4	ŀ	Income from investment of ta	x-exempt bond	proceeds >				2,401.
	5	5	Royalties						
				(i) Real	(ii) Personal				
	6	a	Gross rents						
		b	Less: rental expenses						
		C	Rental income or (loss)						
		ď	Net rental income or (loss)	***************************************					
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		ь	Less: cost or other basis						
- 1			and sales expenses						
			Gain or (loss)				İ		
	_		Net gain or (loss)		·····				
9	8	а	Gross income from fundraising	,					_
Other Revenu			including \$:	
ا چ			contributions reported on line		100 045				
힐		h	Part IV, line 18	a	188,846.				
۵			Net income or (loss) from fund		90,056.	00 700			
1	9		Gross income from gaming act		>	98,790.			98,790.
	_		Part IV, line 19						
		b	Less: direct expenses	b					
1		С	Net income or (loss) from gami	no activities					
- 1			Gross sales of inventory, less r						
			and allowances			j			
		b	Less: cost of goods sold	b					
Ļ		С	Net income or (loss) from sales	of inventory		ļ			
L			Miscellaneous Revenue		Business Code				
	11	a .							
ļ		b .							
		C.							
		d ,	All other revenue		611600	209,015.	209,015.		
		e '	Total. Add lines 11a-11d	•••••	▶	209,015.			
_1.	12		Total revenue, See instructions.	*********		4,947,267.4	1.557.534	0.	101,271.

Form 990 (2011)

Part IX | Statement of Functional Expenses

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

	nplete columns (B), (C), and (D).				
Dr	Check if Schedule O contains a responsor include amounts reported on lines 6b,	nse to any question in the (A)		(0)	
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and and an analysis of Botton Million and				
	organizations in the United States. See Part IV, line 21				
2	The same desired to maintabals in				<u> </u>
_	the United States. See Part IV, line 22	<u>320,263.</u>	320,263.		
3	Grants and other assistance to governments,		,		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	122,500.		122,500.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,832,908.	2,566,438.	266,470.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	120,823.		120,823.	
10	Payroll taxes	219,251.	189,878.	29,373.	
11	Fees for services (non-employees):			=370731	
а					
b		75.		75.	-
C	Accounting	17,500.		17,500.	
d	Lobbying			<u> </u>	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	25,994.		25,994.	
13	Office expenses	42,587.	36,161.	6,426.	
14	Information technology		30,101.	0,420.	
15	Royalties				
16	Occupancy	716,044.	702,197.	13,847.	
17	Travel	424.	263.	161.	
18	Payments of travel or entertainment expenses	222,		101.	
	for any federal, state, or local public officials		ļ		
19	Conferences, conventions, and meetings				
20	Interest	5,412.	5,412.		
21	Payments to affiliates	1.	<u> </u>	-	
22	Depreciation, depletion, and amortization	443,123.	443,123.		
23	Insurance	42,272.	<u>**3,143.</u>	40 000	
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)	42,212		42,272.	
	amount, list line 24e expenses on Schedule ().)				
а	PRINTING & PUBLICATIONS	83,602.		83,602.	
	SCHOLARSHIPS AND DISCOU	45,837.	45,837.		
	DATA PROCESSING	35,278.		35,278.	
	DEVELOPMENT	20,568.		20,568.	
	All other expenses	392,369.	302,615.	89,754.	
	Total functional expenses. Add lines 1 through 24e	5,486,831.	4,612,188.	874,643.	0.
	Joint costs. Complete this line only if the organization			0.2/02/	<u> </u>
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.		ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			256,167.	1	184,814.
	2	Savings and temporary cash investments			85,099.		48,822.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	. 		8,167.	4	29,004.
	5	Receivables from current and former officers, d	irectors	, trustees, key			
	1	employees, and highest compensated employe	es. Cor	nplete Part II			
	1	of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing		!	
		employers and sponsoring organizations of sec					
cA.	1	employees' beneficiary organizations (see instr	uctions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			105,353.	8	99,039.
	9	Prepaid expenses and deferred charges	•••••			9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,322,050.			
	ь	Less: accumulated depreciation	106	9,238,847.	3,141,913.	10c	3,083,203.
	11	Investments - publicly traded securities	•••••		159,165.	11	110,745.
	12	Investments - other securities. See Part IV, line	11		19,475.	12	8,993.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		93,781.	15	33,791.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	3,869,120.	16	3,598,411.
	17	Accounts payable and accrued expenses		292,167.	17	324,773.	
	18	Grants payable			18		
	19	Deferred revenue			135,816.	19	174,354.
	20	Tax-exempt bond liabilities				20	
98	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	-
	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifit of Schedule L		·		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties	84,411.	23	330,041.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	330,041.
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines				l	
		Schedule D			78,840.	25	30,421.
	26	Total liabilities. Add lines 17 through 25	·····		591,234.	26	859,589.
		Organizations that follow SFAS 117, check he					
es es		lines 27 through 29, and lines 33 and 34.				•	
ě	27	Unrestricted net assets	••••••		3,192,534.	27	2,651,469.
Bal	28	Temporarily restricted net assets	·····		5,028.	28	7,029.
2	29	Permanently restricted net assets			80,324.	29	80,324.
교		Organizations that do not follow SFAS 117, cl	neck he	re 🕨 🔲 and			
p		complete lines 30 through 34.				İ	
; 등	30	Capital stock or trust principal, or current funds				30	
Ast	31	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	rother funds		32	
-	33	Total net assets or fund balances			3,277,886.	33	2,738,822.
	34	Total liabilities and net assets/fund balances			3,869,120.	34	3,598,411.

Form 990 (2011)

	990 (2011) DBA EZELL HARDING CHRISTIAN SCHOOL	23-724	11505		age 12
Pa	rt XI Reconciliation of Net Assets	<u> </u>	<u> </u>		aye 12
	Check if Schedule O contains a response to any question in this Part XI				X
		***************************************	*************		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,94	7.3	267.
2	lotal expenses (must equal Part IX, column (A), line 25)	2	5,48		
3	Revenue less expenses. Subtract line 2 from line 1	3			564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,27		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			500.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,73		
ra	rt All Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	***	2a		x
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
	review, or compilation of its financial statements and selection of an independent accountant?	*****************	2c	X	ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			
	separate basis, consolidated basis, or both:				i
_	X Separate basis Consolidated basis Both consolidated and separate basis				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit]
	Act and OMB Circular A-133?		3a		_X_
D	in res, did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	·····	3b		
			Form	990 ((2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection

CHRISTIAN EDUCATION, INC. Employer identification number <u>DBA EZELL HARDING CHRISTIAN SCHOOL</u> <u>23-724</u>1505 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Y<u>es</u> No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vi) Is the (vii) Amount of organization organization in col. organization in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the support governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

Sch	nedule A (Form 990 or 990-EZ) 2011				•		Page 2
	art II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(Page 2
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the test	s listed below, ple	ase complete Part	III.)			•
<u>Se</u>	ction A. Public Support						·
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1		1	İ
	or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			1
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)						
	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support				·-· ·		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
8	Gross income from interest,					•	
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	···					
	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities,	etc. (see instructi	ons)		•••••••	12	
13	First five years. If the Form 990 is for						. —
ec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage			<u></u>	_
_	Public support percentage for 2011 (ii			al (6)		T 44 T	
5	Public support percentage from 2010	Schedule A. Bort	Il lice 14	olumn (1))	•••••••••••••••••••••••••••••••••••••••	14	
6a	33 1/3% support test - 2011. If the o	roanization did no	of check the boy or	line 12 and line	14 in 22 1/20/	15	%
	stop here. The organization qualifies a	s a publich cup	orted organization	i line 13, and line	14 IS 33 1/3% OF F	nore, check this bo	x and
ь	stop here. The organization qualifies a 33 1/3% support test - 2010. If the o	roanization did no	t check a boy on I	no 12 or 160, and	line 15 in 22 1/20	······································	
_	and stop here. The organization qualit	fies as a nublicly (Supported organize	nie 13 of 16a, and	ine 15 is 33 1/3%	or more, check th	is box
7a	10% -facts-and-circumstances test	= 2011. If the ora	anization did not o	hack a hay an line	12 162 0-165	and line 14 in 1004	
_	and if the organization meets the "fact	s-and-circumstan	ces" test check th	ie hay and atas ti	ero, Tua, Uf 100, i	and line (4 IS 10%)	or more,
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	nublicly supported	ere, Expiairi III Pa Lorganization	it iv now the organ	zation _
b	10% -facts-and-circumstances test	- 2010. If the org	anization did not c	heck a hov on line	. 13 162 165 or:	17a and line 15 is 1	
-	more, and if the organization meets the	e "facts-and-circu	mstances" test of	eck this hay and	ston here. Evoleir	rra, and line 15 is i in Part IV how tho	0/0 UI
	organization meets the "facts-and-circ	umstances" test	The organization of	ualifies as a nublic	cly supported ora:	anization	▶ []
_			3	as a papin	and an analysis of the second		-

Schedule A (Form 990 or 990-EZ) 2011

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

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9	of Part I or if the organization failed to qualify under Part II. If the organization fai	ls to
analibe under the tests tisted but		

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and					19, 23	(770.0
membership fees received. (Do not						
include any "unusual grants.")	-					ĺ
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						-
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-	·					
ization's benefit and either paid to			İ	1		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge		Ì				
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					1	
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 (Subtractline 7c from line 6.)						
Section B. Total Support		<u> </u>				<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	(h) 2000	4.3.0000			
9 Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a Gross income from interest.						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources		Ì				
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,			ĺ			
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital		i				
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for th	e organization'	s first, second, third	, fourth, or fifth ta	x year as a section	1 501(c)(3) organiz	ation.
check this box and stop here		***********	************			,
section of Computation of Public	Support Pe	rcentage			. ====	
15 Public support percentage for 2011 (line	8, column (f) d	livided by line 13, c	olumn (f))		15	9
16 Public support percentage from 2010 Sc	chedule A, Part	III, line 15	***************************************		16	9
Section D. Computation of Investr	nent Incom	e Percentage				
17 Investment income percentage for 2011	(line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	9
18 Investment income percentage from 201	0 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2011. If the org	ganization did r	not check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	organization qualit	ies as a publiciv s	upported organiza	tion	5
b 33 1/3% support tests - 2010. If the org	anization did r	not check a box on	line 14 or line 19a	and line 16 is mor	re than 33 1/204 -	
	,	Ann have The suns	inchine and 100,			, [
line 18 is not more than 33 1/3%, check	this box and s	top nere. The ornal	NIZATION OHAIMIAS 2	s a mublicky europo	ITAM NIMONIOSHIAS	— 1
line 18 is not more than 33 1/3%, check Private foundation, If the organization d	this box and si	top nere. The orgal box on line 14: 19a	nization qualifies a Lor 19b. check thi	s a publicly suppo	rted organization	┈┈┈┞⊨

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

CHRISTIAN EDUCATION, INC.

DBA EZELL HARDING CHRISTIAN SCHOOL

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts Complete if the
`	organization answered "Yes" to Form 990, Part IV, lin		7 7000ditto. Complete a trie
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funde
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990. Part	t IV line 7
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		a matoric structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a consequation agreement on the last
	day of the tax year.		a conservation easement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	manization during the toy
	year	and the state of the state of the state of the state of	ganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	on the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	atement and balance sheet and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		_
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIV.
	the text of the footnote to its financial statements that descrit	pes these items.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		and the second s
	(i) Revenues included in 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 trea	sures, or other similar assets for financial oa	in, provide
	the following amounts required to be reported under SFAS 11		•
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2011

21

CHRISTIAN EDUCATION, INC.

	edule D (Form 990) 2011 DBA EZE	LL HARDING	CHRISTIAN	SCHOOL	23-	<u>-724150</u>)5	Page 2
Щ.	rt III Organizations Maintaining (Collections of Ar	t, Historical Ti	easures, or Oth	ner Similar A	Assets (con	tinue	d)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that are a	significant use	of its collection	on iter	ms
	(check all that apply):							
a	=	d		change programs				
b		е	Other					
C		.41						
-	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar accepts.							
5	de la companya de la							
Pa	rt IV Escrow and Custodial Arran	aintained as part of the	e organization's c	ollection?		Yes	<u> </u>	<u>No</u>
	reported an amount on Form 990, Pa	rt X. line 21.	te ir the organization	n answered "Yes" t	o Form 990, Pai	rt IV, line 9, o	Γ	
1a	Is the organization an agent, trustee, custod		any for contribution	e or other seeds no	at included			
	on Form 990, Part X?		ary for contribution	is of other assets lit	or included	Yes		٦
b		and complete the following	owing table:	······································	•••••••	LI Yes	_	l No
		and complete the following	ovving table.			Amous		
С	Beginning balance				10	Amour	11.	
d	Additions during the year	***************************************	*******************************	•••••••••••	1c			
е	Distributions during the year	*******************************	***************************************	•••••••	1a			
f	Ending balance	***************************************	************	••••••	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?	•••••••••••		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.	<u> </u>					_	40
Pa	rt V Endowment Funds. Complete i	f the organization ans	wered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Fou	r vears	a back
1a	Beginning of year balance	159 165	120,050.		i .			
b	Contributions						_	
C	Net investment earnings, gains, and losses	<48,419.>	39,115,	16,558.	<36.6	62.>		
đ	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	110,746.	159,165.	120,050,	103.4	192.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
a	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
c	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	ssion of the organizati	ion that are held a	nd administered for	the organization	,		
	by:						Yes	_
	(i) unrelated organizations	••••	••••••		***************************************	3a(i)		X
_	(ii) related organizations				•••••	3a(ii)		X
D	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?	•••••••••••	•••••	3b		
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm	organization's endow	ment funds.				_	
	Description of property	(a) Cost or oth		, ,-,	ccumulated	(d) Bool	k valu	е
10	Land	basis (investme		outer) de	preciation			
	Land				100 556			<u> 26.</u>
~	Buildings Leasehold improvements		14.		120,556.	1,99	<u>6,9</u>	<u>56.</u>
	Equipment		12		110 001	~ .		
	Other		14.	4,	118,291.	844	4,5	<u>21.</u>
Total	Add lines 1a through 1e. (Column (d) must eq	ual Form 990 Part Y	column (B) line 1		>	3,08	3 2	03
	The state of the s	r viill vvv, raich,		/19///			J . Z	U.S.

Schedule D (Form 990) 2011

3,083,203.

Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value	,	(c) Method of value ost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				· · · · · · · · · · · · · · · · · · ·
<u>(F)</u>				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	2 5 22 5			
	See Form 990, Part X,	line 13.	4	
(a) Description of investment type	(b) Book value	Co	(c) Method of value ost or end-of-year man	
(1)				
(2)				
(3)				
(4)	-			
<u>(5)</u> (6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)				
(10)	 			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.	<u> </u>		
) Description	····		(b) Book value
(1)				
(2)				
(3)				
(4)				····
(5)				
(6)				
(8)				
(9)		·		
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lir Part X Other Liabilities. See Form 990, Part X	<u>ie 15.}</u>		>	
fol December of the little	, line 25.			
1. (a) Description of liability		(b) Book value	ļ	
(1) Federal income taxes				
(2) OTHER LIABILITIES (DETAIL)-990	30,421.		
(3)				
(4)				
(5) (6)				
(6)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)	-			
(11)				
T-1-1 (Column (c)	25)	30,421.		
10tal. (Column (b) must equal Form 990, Part X, col (b) Iin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	to the organization's financial	statements that reports the organi	zation's liability for uncertain	tax positions under
2. FN 48 (ASC 740) 132053 01-23-12				
n 1.53.15			Sche	dule D (Form 990) 2011

CHRISTIAN EDUCATION, INC.

	t XI Reconciliation of Change in Net Assets from Form 990 to	N SCHO	OOL d Financia	l State	23-	7241505 ts	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)					4,947,	267.
2	Total expenses (Form 990, Part IX, column (A), line 25)					5,486,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	***************************************	3			<539	
4	Net unrealized gains (losses) on investments	••••••	4				500.
5	Donated services and use of facilities	*************	5				3001
6	Investment expenses	*************	6				
7	Prior period adjustments	••••••	7				
8	Other (Describe in Part XIV.)	*************	8				
9	Total adjustments (net). Add lines 4 through 8	••••••••	9				500.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	ч <i>о</i>	10			<539,	
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue		eturr		004.
1	Total revenue, gains, and other support per audited financial statements				1	4,947,	767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••••	••••••	••••••		<u> </u>	707.
а	Net unrealized gains on investments	2a		500.			
b	Donated services and use of facilities	2b		<u> </u>	1]		
c	Recoveries of prior year grants	2c			1 1		
ď	Other (Describe in Part XIV.)	2d			f I		
_	Add lines 2a through 2d	_ Zu			ا ۔ ا		EOO
3	Subtract line 2a from line 1	•••••	***************************************	•••••	2e	4 047	500.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••	•••••	•••••	3	4,947,	<u> 267.</u>
7	Investment expenses not included on Form 990, Part VIII, line 7b	1.1				•	
- h					1 1		
-	Other (Describe in Part XIV.) Add lines 4a and 4b				1. 1		^
	***************************************		••••••	•••••	4c	4 045	0.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Statement	onto Wit	h Evnone		Dot:	<u>4,947,</u>	267.
1					T		004
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••		1 1	5,486,	834.
		1 _ 1			1 1		
a	Donated services and use of facilities	2a		_	1 1		
Ь	Prior year adjustments	2b					
С.	Other losses				1 1		
d	Other (Describe in Part XIV.)			<u>3.</u>	1 1		_
	Add lines 2a through 2d	•••••	·····	•••••	2e	 	3.
3	Subtract line 2e from line 1	•••••		•••••	3	<u>5,486,</u>	<u>831.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
	Other (Describe in Part XIV.)	4b			1 1		
	Add lines 4a and 4b	••••••	•••••••••••••••••••••••••••••••••••••••		4c		<u> </u>
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information		•••••		5	5,486,	<u>831.</u>
							
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III. 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp EDULE D, PART XIII, LINE 2D — OTHER	l, lines 1a a lete this pa	and 4; Part IV art to provide	, lines 11 any add	o and 2 litional	b; Part V, line 4 information.	; Part
ROU	NDING ADJUSTMENT					\$	3
						9	
				· · · · · · · · ·			
							
			······································	•	 Schedi	ıle D (Form 99	0) 2011
132054 01-23-1	2						

.6111119 769337 33

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. CHRISTIAN EDUCATION, INC.

DBA EZELL HARDING CHRISTIAN SCHOOL

Employer identification number 23-7241505

_	DBA EZELL HARDING CHRISTIAN SCHOOL 23-7			
Р	rt I		1,450	1
			YES	1
i	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	l .		
	other governing instrument, or in a resolution of its governing body?	1	X	╀
!	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			ŀ
	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			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	İ		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II LOCAL NEWSPAPERS	3	X	\mid
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	L
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	L
			1	
d	I 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.	4d	X	
d		4d	X	
	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	
	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	
	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?		X	
a	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	X	
a	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	X	
a	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	X	
abcdef	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	X	
a b c d e f g	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	X	
a b c d e f g	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 b c d e f g	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 g	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 h	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	X	
a b c d e f g h	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	X	
a b c d e f g h	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	X	
a b c d e f g h	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	X	

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

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

CHRISTIAN EDUCATION, INC. Schedule E (Form 990 or 990-EZ) (2011) DBA EZELL HARDING CHRISTIAN SCHOOL 23-7241505 Page 2 Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

CHRISTIAN EDUCATION, INC.

Schedule G (Form 990 or 990-EZ) 2011 DBA EZELL HARDING CHRISTIAN SCHOOL Fundraising Events. Complete if the organization answered "Yes" to 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING (add col. (a) through CRAFT FAIR SPRINT col. (c)) (event type) (event type) (total number) 1 Gross receipts 21,446. 24,674. 142,726. 188,846. 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 21,446. 24,674. 142,726. 188,846. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 2.772. 5,180. 9 Other direct expenses _____ 82,104. 90,056. 10 Direct expense summary. Add lines 4 through 9 in column (d) 90,056; 11 Net income summary. Combine line 3, column (d), and line 10 98,790. Part III | Gaming. Complete if the organization answered "Yes" to 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: b If "Yes," explain: 132082 01-23-12 Schedule G (Form 990 or 990-EZ) 2011

	CHRISTIAN EDUCATION, INC.
Sche	edule G (Form 990 or 990-EZ) 2011 DBA EZELL HARDING CHRISTIAN SCHOOL 23-7241505 Page
41	Does the organization operate gaming activities with nonmembers?
12	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 N
	Indicate the percentage of gaming activity operated in:
а	The organization's facility13a
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "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 >
16	Gaming manager information:
١	Name >
•	Gaming manager compensation > \$
,	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	s the organization required under state law to make charitable distributions from the gaming proceeds to
	etain the state gaming license?
	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Parl	
	mice of our root root, root and rrot as applicable. Also complete this part to provide any additional information (see instructions).
32083	01-23-12 Schedule G (Form 990 or 990-EZ) 201

SCHEDULE I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047 ·

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public Inspection

► Attach to Form 990. Inspection CHRISTIAN EDUCATION, INC. Name of the organization Employer identification number DBA EZELL HARDING CHRISTIAN SCHOOL 23-7241505 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations In the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash non-cash assistance or assistance FMV appraisal. assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ______

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011)

CHRISTIAN EDUCATION, INC.

DBA EZELL HARDING CHRISTIAN SCHOOL Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Pagé 2

23-7241505

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	188	6	320 263	AMA	NONCASH REDUCTION OF STUDENT
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e the information	required in Part I, I	ine 2, and any other	additional information.	
132102 01-27-12		31			Schedule I (Form 990) (2011)

SCHEDULE L

.. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Inspection Name of the organization CHRISTIAN EDUCATION, INC. Employer identification number DBA EZELL HARDING CHRISTIAN SCHOOL 23-7241505 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 _____ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested (f) Approved by board or (b) Loan to or from (c) Original principal (e) In (d) Balance due (g) Written person and purpose the organization? amount default? agreement? committee? To From Yes Yes Νo Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part iV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

132 131 01-19-12

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

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	(b) Relationship between interested		(all Depositation of	(e) Sha	ring of
(a) raine of meredica person	person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	ation's ues?
DANNY GRIFFIN	DIRECTOR	46 222	BEECH CONST	Yes	No
SAM LEWIS	DIRECTOR	68 576	SAM LEWIS C		X
	DIRECTOR	00,370.	DAM DEMIS C		X
		· · · · · · · · · · · · · · · · · · ·			
					<u> </u>
		<u> </u>			
Part V Supplemental Information					
	nal information for responses to questions	s on Schedule I. (see	instructions)		
		on concade E (acc	metractions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
			DD I DINDOND.		
(A) NAME OF PERSON: DANNY	GRIFFIN				
		·- ·			
(D) DESCRIPTION OF TRANSA	CTION: BEECH CONSTRUC	CTION			
(A) NAME OF PERSON: SAM I	EWIS				
(D) DESCRIPTION OF TRANSA	CTION: SAM LEWIS CONT	TRACTORS			
			-		
					_
					
					
	·				

SÇHEDULE O (Form 990 or 990-EZ)

Name of the organization

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

CHRISTIAN EDUCATION, INC.
DBA EZELL HARDING CHRISTIAN SO

Employer identification number 23-7241505

DBA EZELL HARDING CHRISTIAN SCHOOL	23-7241505
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	· · · · · · · · · · · · · · · · · · ·
STUDENTS.	
FORM 990, PART VI, SECTION A, LINE 2: HARRY HIX IS THE BRO	OTHER-IN-LAW OF
SAM LEWIS	
FORM 990, PART VI, SECTION B, LINE 11: THE VP OF FINANCE I	REVIEWS THE FORM
990 BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT UNDER	RGOES AN
INDEPENDENT REVIEW WHEN HIRED BY THE BOARD. OTHER OFFICER	RS AND KEY
EMPLOYEES ARE REVIEWED BY THE PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	FINANCIAL
INFORMATION BY REQUEST THROUGH THE SCHOOL DIRECTLY.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	500.
FORM 990, PART XII, LINE 2C	
THEE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.	